

# PEPPERDINE | SCHOOL OF PUBLIC POLICY

## STUDENT ORGANIZATION EVENT EVALUATION FORM

This form is for student organizations to complete after any event; due one week following the event to the assistant director of engagement and programs.

Name of Student Organization: \_\_\_\_\_ Event Title: \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Event Time: \_\_\_\_\_ Event Location: \_\_\_\_\_

Final Budget: \_\_\_\_\_ Event Speaker(s): \_\_\_\_\_

Please rate the following: (1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent)

Planning & Logistics \_\_\_\_\_ Community Interest \_\_\_\_\_ Attendance (#, **not score**) \_\_\_\_\_

Participant Engagement \_\_\_\_\_ Event Execution \_\_\_\_\_ Positive Impact \_\_\_\_\_

Was your Faculty/Staff Advisor Invited to this event? (Y/N) \_\_\_\_\_ Did he/she attend (Y/N)? \_\_\_\_\_

Did you advertise this event? (Y/N) \_\_\_\_\_ If yes, what was used? (Email, newsletter, social media, fliers, other?)

\_\_\_\_\_

What was the purpose for this event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did your organization achieve the above stated purpose(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you plan this same event again? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Organization Contact Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR DEAN'S OFFICE USE ONLY:

Date received by Assistant Director of Engagement & Programs: \_\_\_\_\_