

Program and Event Evaluation

Organization: _____

Event: _____

Date: _____ Time: _____ Location: _____

Type of event: _____ Social _____ Cultural _____ Educational _____ Recreational _____ Promotional

Attendance: _____ Expected total _____ Actual total _____ % of students _____ % of other

Was food served: YES NO

Was alcohol served: YES NO

Catered by: _____ Would you recommend them again: YES NO

Why/Why not: _____

How much time was spent planning this event: _____

Number of members involved in: _____ Planning _____ Promoting _____ Running _____ Evaluation

What publicity was used to promote event: _____

Amount budgeted for event: \$ _____ Expenses: \$ _____ Admission \$ _____

Funding sources/co-sponsorship of event: \$ _____ Name: _____

\$ _____ Name: _____

\$ _____ Name: _____

Did you consult your SA advisor for help? YES NO

If yes, how helpful was she/he?

What was successful about the event?

What problems did you encounter?

What last minute adjustments had to be made?

Would you host this event again? YES NO

Suggestions for improvement:

Signature of Member

Title

Date

Signature of Advisor

Title

Date