



El Camino College

16007 Crenshaw Boulevard, Torrance, California 90506-0001

Telephone (310) 632-3670 or 1-877-ELCAMINO

EVENT EVALUATION FORM

Name of Event: _____

Date of Event: _____

Name of Event Organizer/Department: _____

Brief Description of event/purpose: _____

What worked well? _____

How many served (who were they)? _____

What would you change for next year/semester/quarter event? _____

Increases/decreases of participants from last event (students/participants): _____

What needs to be strengthened for a repeat of this event? _____

Coordinator of Event

Date

9/08

**Event Evaluation forms are due no later than two (2) weeks after the event.
Send report to Area Vice President**