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