



# STUDENT ACTIVITIES & LEADERSHIP

## Post Event Evaluation

Organization/Committee: \_\_\_\_\_

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Admission cost: \_\_\_\_\_

Day, Date, Time: \_\_\_\_\_

Co-Sponsors: \_\_\_\_\_

Pre-Event Estimated Attendance: \_\_\_\_\_ Actual Attendance: \_\_\_\_\_

Description of program:

---

---

---

Goals of program:

---

---

Were these goals met? (Explain)

---

---

Resources Used:

Equipment: \_\_\_\_\_

Supplies: \_\_\_\_\_

People: \_\_\_\_\_

Assessment:

	Poor	Fair	Good	Very Good	Excellent
Quality of Presenter/Performer	1	2	3	4	5
Cooperation of Presenter/Performer	1	2	3	4	5
Publicity	1	2	3	4	5
Set-Up	1	2	3	4	5
Clean-up	1	2	3	4	5
Audience Reaction	1	2	3	4	5
Planning Process	1	2	3	4	5
Overall Evaluation	1	2	3	4	5

What could have been done to improve the quality of the program?

---

---

Should this program be repeated? Why or why not?

---

---

List specific problems, frustrations, or concerns:

---

---

Person preparing the evaluation: \_\_\_\_\_ Date: \_\_\_\_\_