

EVENT EVALUATION

GROUP NAME _____

Event coordinators should complete this evaluation form after each event and return it to your advisor within five days of the event. This form is a tool to improve future events and to create a history for future coordinators. This information should also be used to create quarterly reports.

EVENT NAME _____ DATE OF EVENT _____

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|---|--|
| 1. Total number of people in your audience at this event? _____ | 4. Would you recommend this event be done again? YES NO |
| 2. Would you work with this artist/speaker again? YES NO | 5. Did you have enough help from your constituents? YES NO |
| 3. Did your advertising reach your target audience? YES NO | |

If you answered "No" to any questions above, please elaborate

6. What are your thoughts for improving the interactions and relationships with campus services and student groups?

7. Total amount of money spent on this event? \$ _____

8. Did this event meet the goals and expectations as planned? (explain)

9. What could be done differently to make future events better?

10. In what ways has your organization's activities had an impact on the campus community?

If you have them, please provide additional comments on back

(do not write below line)

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Date returned to Outreach Coordinator _____ advisor initial _____ date _____

S & A Advisor's comments: