

EVENT EVALUATION

RSO NAME _____

Event coordinators should complete this evaluation form after each event and submit 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 when requesting funds from the S&A Board.

Submit ONLINE: <http://www.evergreen.edu/sa/event>

COORDINATOR NAME(s) _____

EVENT TITLE _____ 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 | 6. Total budget spent on this event: \$ _____ |

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

7. What are your thoughts for improving the interactions and relationships with campus services and RSOs? (For example, were you able to deal with other campus departments in a harmonious manner? Did you have trouble contacting certain staff/faculty? Was your event space set-up as requested in your TPW/CPR? Etc.)

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

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