

Program/Event Evaluation Form

Last Updated: April 2020

Basic Information

Event Name:	
Date(s) of Event:	
Recurring Event? (circle one)	Yes ----- No
If so, how often?	
Name & Title of Organizer:	
Collaborators:	
Publicity Utilized:	
Brief Description of Event:	

Event Evaluation

Estimated Event Attendance:	
Were you happy with this event's attendance? <i>Why or why not?</i>	
What went well? What was good about this event?	
What didn't go well? What needs improvement?	
Would you do this event again? <i>Be as specific as possible.</i>	
Overall Event Evaluation <i>Circle one; 1 = never again, 5 = definitely again.</i>	1 --- 2 --- 3 --- 4 --- 5

Please save a copy of this Event Evaluation in your Transition Notes for your successor.