

**EVENT EVALUATION FORM**  
**QC Student Activities Office**

Sponsored by Club/Organization \_\_\_\_\_

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

Event Title \_\_\_\_\_

Type of Event \_\_\_\_\_

Day of Week \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Time: \_\_\_\_\_ Actual Start Time \_\_\_\_\_ am/pm End Time \_\_\_\_\_ am/pm

Number in Attendance \_\_\_\_\_ QC Students \_\_\_\_\_ Public \_\_\_\_\_

Actual Cost of Event \_\_\_\_\_

Were program goals met & explain? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problems/Concerns \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What should be done differently next time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was the program received? \_\_\_ Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Very Good \_\_\_ Excellent

Should an event of this type be offered again? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please return this form to the Student Activities Office with event receipts 48 hours after program completion.