

PROGRAM EVALUATION FORM

University Housing

Program Title: _____

Date of Program: _____

Your Name/Title: _____

Residence Hall: _____

Location of Program: _____

Type of Program:

Co- Programmed: __Yes __ No

☐ Community Service

If yes, who: _____

☐ Diversity

Targeted Community: _____

☐ Educational

Attendance Number: _____

☐ Fundraiser

☐ Passive

Please evaluate the program on the following scale:

☐ Social

1 2 3 4 5 6 7 8 9 10

☐ Sustainability

Why did you give this rating? _____

☐ Traditional

☐ Hall Spirit Item

Provide a brief outline of the program: _____

How did you publicize for this event? Was it effective? Why or why not? _____

Total cost of this event: \$ _____

-List the vendors you chose for this program below:

<u>Name of Store</u>	<u>Money Spent</u>	<u>List Materials Purchased</u>

Helpful hints for the future: _____
