



## Office of Student Development End-of-Event Attendee Evaluation

Class Year \_\_\_\_\_ Circle One:   Resident   Commuter   Off-Campus

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Sponsoring Event: \_\_\_\_\_

Why did you attend this program?

---

---

Please rate the following aspects of this program:

	Needs Improvement	Fair	Good	Very Good	Excellent
Publicity	1	2	3	4	5
Quality of Program	1	2	3	4	5
Organization of Program	1	2	3	4	5
Refreshments (if applicable)	1	2	3	4	5
Program Met My Expectations	1	2	3	4	5
Overall Evaluation	1	2	3	4	5

Comments: *Please give us more information so we can improve upon future events!*

---

---

---

---

---

---

---

---

---

---

Are you interested in receiving information about future events?

---

Are you interested in becoming a member of this organization?

---

If you answered yes to either of these questions, please give us your name and the best way to reach you (address, phone #, e-mail address, etc.):

---

---

---

**THANK YOU FOR ATTENDING THIS PROGRAM!!**  
*Evaluations can be submitted to the  
Office of Student Development or the Information desk  
LaPenta Student Union*