

## *Evaluation Form - Office of Student Activities*

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

Organization: \_\_\_\_\_

Program Location: \_\_\_\_\_ Total Attendance: \_\_\_\_\_

Cost of Attendance (for attendees) \_\_\_\_\_

Program Cost: \_\_\_\_\_ Circle one: Educational      Social

***Wellness segment(s) satisfied circle - one or more:***

- 1) Physical Fitness/ Nutrition 2) Spiritual Values/ Ethics 3) Emotional  
4) Occupational 5) Intellectual 6) Social Community/ Environmental

<b><i>Key</i></b>	
5 – Strongly Agree 4 – Moderately Agree 3 – Unsure 2 – Moderately Disagree 1 – Strongly Disagree	

		Check One				
	Statement	5	4	3	2	1
1.	The program fulfilled its goals					
2.	The time allocated for the program was adequate					
3.	All participants/ attendees enjoyed the program					
4.	The location of the program was adequate					
5.	The handouts given were useful (if applicable)					
6.	The educational information presented was well received (Educational Programs)					

Complete the following statements:

1. The strengths of the program were:

\_\_\_\_\_

\_\_\_\_\_

2. The weaknesses of the program were:

\_\_\_\_\_

\_\_\_\_\_

3. If there is one thing I could change about this program, it would be:

\_\_\_\_\_

\_\_\_\_\_

The whole purpose of education is to turn mirrors into windows.

- Sydney J. Harris