

## Multi-Cultural Task Force Program Evaluation Form

Title of Program \_\_\_\_\_

Type of Program \_\_\_\_\_

Date of Program \_\_\_\_/\_\_\_\_/20\_\_\_\_ Location \_\_\_\_\_ Attendance \_\_\_\_\_

Evaluate the activities listed below for overall quality of information and presentation. Please circle.

	Excellent	Good	Average	Poor	
A. Facility Location	4	3	2	1	Not Applicable
B. Facility Cleanliness	4	3	2	1	Not Applicable
C. Check-in Process	4	3	2	1	Not Applicable
D. Program Outcome	4	3	2	1	Not Applicable
E. Marriott Food Service	4	3	2	1	Not Applicable

Give a brief evaluation of the program. (Please feel free to use the back of the form.)

Please comment on the services used, if any (e.g. food service / Audio Visual): (Please feel free to use the back of the form.)

Would you consider doing this program again? Yes No

Would you do anything differently? Yes No

If your answer is yes, please explain.

Are you submitting receipts and/or change with this evaluation? If so, please submit the items in an envelope and staple to this form.

\_\_\_\_\_  
Signature Title Date