



Program Evaluation Form

Please complete this evaluation form after the completion of your program/event and return it within two weeks to SALO.

Contact name: _____ E-mail: _____
 Sponsoring Organization(s): _____

Program/Event information:

Program Title: _____ Approximate Attendance _____
 Type of event: (i.e. lecture, performance, leadership, educational, social): _____
 Program Date and Time: _____ Program Location: _____

Evaluation:

Rate the program using to the below scale (1= Strongly Disagree to 5= Strongly Agree)

	1	2	3	4	5	N/A
Program accomplished its proposed goals						
Attendees were satisfied with the program						
Organizers were satisfied with the program						
Event was well advertised						
Organizers were happy with the turnout						

List 3 strengths of the program/event:

- 1.
- 2.
- 3.

List 3 areas of improvement:

- 1.
- 2.
- 3.

How was the event advertised? (Check all that apply)

_____ Flyers _____ Posters _____ E-mail
 _____ Word of Mouth _____ Handbills _____ Social Media