

Office of Student Development

College of the Canyons

CLUBS & ORGANIZATIONS PROGRAM EVALUATION FORM

PROGRAM NAME: _____

PROGRAM DATE(S): _____

PERSON(S) IN CHARGE: _____

1. What was the goal of the program? _____

2. Were the goals of the program met? Explain: _____

3. Logistical Details:

Number of people involved in planning program: _____

Attendance: _____ **Location:** _____

Time of day: _____ **Day(s) of week:** _____

4. Budget – What was cost and did expenses meet anticipated budget: _____

5. Publicity – What worked? Where was it distributed? _____

6. Were there any problems or any part of the program that did not work? _____

7. Overall success and quality: _____

Signatures: _____ / _____ / _____

Club President/Date

Club Advisor/Date

ICC

Advisor/Date