

Program/Event Evaluation

Organization: _____

Date of Program/Event: _____

Location of Program/Event: _____

Title of Program/Event: _____

Facilitator/Presenter (if applicable): _____

Total # of people in attendance: _____

Please provide a general description of the event:

What were the goals of this program/event?

How effectively were those goals met? (Please add any documentation to this form)

What could have been better about this program?

On a scale of 1 to 10, how would you rate this program?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Additional Comments (please use the back of this sheet for comments):