Event Evaluation Form



EVENT TITLE:	
EVENT LOCATION:	EVENT_DATE & TIME:
ORGANIZATION NAME:	DATE:
LOGISTICS	
☐ On Campus	☐ Off Campus
<u>Attendance</u>	<u>Budget</u>
Target:Actual:	Estimated Budget: \$
Students:Faculty:	Actual Budget Spent: \$
Number of Staff Support:	Cost – Student \$Non-Student \$
Food	Entertainment/Activities
Cost: \$	Description:
Food Offered:	
SPSCC Catering:	Transportation Cost: \$ Transportation Used: Number of Drivers:
VENDORS/P	ERFORMERS
Service:	Service:
Organization:	Organization:
Contact Name:	Contact Name:
Phone:	Phone:
Email:	Email:
Service:	Service:
Organization:	Organization:
Contact Name:	Contact Name:
Phone:	Phone:
Email:	Email:
Rating: 1—2—3—4—5—6—7—8—9—10	Rating: 1—2—3—4—5—6—7—8—9—10

Please take time to fill this form out thoroughly as it will help tremendously in future planning. Thank you!

REFLECTION

<u>PLANNING/PROMOTION:</u> How many planning meetings did you have? Was it enough? How did you promote the event? Was it effective? Was there something you wish you had done?
<u>DECORATION:</u> Describe your events decorations. How long did it take to set up? Was it more or less time than expected? Were there any unexpected issues? Do you have any ideas for the future?
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<u>ACTIVITIES/VENDORS:</u> What kinds of activities/games/entertainment did you have? Were there any unexpected issues? Would you have done anything differently? How did the vendors perform? Would you recommend the same kind or new activities in the future?
STAFF SUPPORT: Did you plan enough staff for the event? Did they have everything they needed to support effectively? Was there anything that could have made staffing easier?
<u>COLLABORATION</u> : Did you collaborate with any clubs or SPSCC departments? How so? Did they have everything they needed to be successful? What would you change/provide in hindsight? Would you recommend the same and/or new collaborations for this event again?