

***STUDENT ASSOCIATION
NON-FUNDED & FUNDED
PROGRAM EVALUATION FORM***

Name of person filling out this evaluation form: _____

Organization: _____ Program Title: _____

Date Submitted: _____ Program Date: _____

1. What was the purpose or goal of the program? _____

2. Was the purpose /goal reached? _____

3. How many people attended your program? _____

4. Would you repeat this program and why? _____

5. How did you publicize your event? _____

a) What worked? / What didn't work? _____

6. What went well with your program? _____

7. What would you have done differently? _____

8. What campus services did you use (i.e. College Activities, Records & Registration, SA Graphics)?

a) Did they meet your needs? Explain. _____