



# PEPPERDINE

College of Health Science

## STUDENT ORGANIZATION EVENT EVALUATION FORM

This form is for student organizations to complete after any event; due one week following the event to the director of strategic initiatives and student engagement.

Name of Student Organization: \_\_\_\_\_ Event Title: \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Event Time: \_\_\_\_\_ Event Location: \_\_\_\_\_

Final Budget: \_\_\_\_\_ Event Speaker(s): \_\_\_\_\_

Please rate the following: (1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent)

Planning & Logistics _____	Community Interest _____	Attendance (#, <b>not score</b> ) _____
Participant Engagement _____	Event Execution _____	Positive Impact _____

Was your Faculty/Staff Advisor Invited to this event? (Y/N) \_\_\_\_\_ Did he/she attend (Y/N)? \_\_\_\_\_

Did you advertise this event? (Y/N) \_\_\_\_\_ If yes, what was used? (Email, newsletter, social media, fliers, other?) \_\_\_\_\_

\_\_\_\_\_

What was the purpose for this event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did your organization achieve the above stated purpose(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you plan this same event again? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Organization Contact Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_