



OFFICE OF STUDENT LIFE

Overall Event / Program Evaluation and Suggestions

Date _____ Name _____ Event _____

(Optional)

Look at the faces below. Circle the number that matches how you felt about the event

Overall
Program



1



2



3



4



5

Identify the most **useful** thing you learned and explain why.

Identify what you liked most about the event/program.

Identify what you liked least about the event/ program.

What **improvements** could be made?

What events, programs, and activities would you like to see and participate in the future?

PLEASE WRITE ANY ADDITIONAL SUGGESTIONS ON THE BACK AND SUBMIT THIS FORM TO THE OFFICE OF STUDENT LIFE, RBSC ROOM 102