



# Student Activities Program Evaluation Form

Eleanor Roosevelt College – Student Affairs

In order to be reimbursed, you must complete the information below and submit it with the reimbursement form and all relevant receipts. Only one evaluation form per event is needed.

Student Organization/Student Group: \_\_\_\_\_

Student(s) Responsible for Program/Event: \_\_\_\_\_

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Program/Event Title: \_\_\_\_\_

Date(s) of Program (Day of Week, M/D/Y): \_\_\_\_\_ Start/End Time: \_\_\_\_\_

Location: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

What supplies did you use from the Student Affairs Student Workroom for your program/event? \_\_\_\_\_

\_\_\_\_\_

What supplies/items did you need to purchase for this program/event? \_\_\_\_\_

\_\_\_\_\_

What Food/Refreshments, if any, did you provide? \_\_\_\_\_

What Entertainment, if any, did you provide? \_\_\_\_\_

Advertisement used for Program/Event? Check all that apply.

- |   |  |
|---|--|
| <input type="radio"/> Email                           | <input type="radio"/> RA Newsletters                                     |
| <input type="radio"/> Facebook                        | <input type="radio"/> Tabling  |
| <input type="radio"/> Ellie's Weekly Scoop Newsletter | <input type="radio"/> Presentation at SCERC, RA or any other Org Meeting |
| <input type="radio"/> Flyers/Handouts/Posters         | <input type="radio"/> Other: _____                                       |

How did this Program/Event relate to your Organization/Group's mission and goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This event helped students learn, grow, and develop through which of these learning outcomes? Check all that apply.

- |   |  |
|---|--|
| <input type="radio"/> Think Critically & Solve Problems | <input type="radio"/> Communicate Effectively                                      |
| <input type="radio"/> Lead in a Diverse Global Society  | <input type="radio"/> Advance a Plan for Personal, Academic & Professional Success |
| <input type="radio"/> Engage in a Healthy Lifestyle     | <input type="radio"/> Promote Social Justice & Community Responsibility            |

What challenges did you experience with your program? \_\_\_\_\_

\_\_\_\_\_

What successes did you experience? \_\_\_\_\_

\_\_\_\_\_

If you did this event again – what would you do differently? \_\_\_\_\_

\_\_\_\_\_

On a scale of 1 – 5 (5=Very Successful & 1=Not Successful), how would you rate this program? 1 2 3 4 5