Walsh Student Network
Office of Alumni & Student Relations
Troy Campus
(248) 823-1298

Event Assessment Form

Today's Date _____

Student Organization Name _____

Event Contact _____ Phone _____

E-mail _____

Date of Event _____ Event Times _____

Event Name _____ Event Location _____

Attendance of Student Organization Members _____ _____ Attendance of Walsh College Students _____

Attendance of others_____ Would you repeat this event? Yes No Maybe

Were the initiatives completed?

_____

_____

Were the goals and objectives achieved?

_____

_____

Were there any complications?

_____

_____

What would you do to improve this event?

_____

_____