



Student Activities Program Evaluation Form

Thurgood Marshall College - Student Affairs

In order to be reimbursed for this event, you must complete the information below and submit it with the reimbursement form and all relevant receipts.

Organization/Building(s): _____

Your Name: _____ Email: _____

Event/Program Title: _____

Date(s) of Event/Program (Day of week/Month/Day/Year): _____

Location: _____ Number in Attendance: _____ Total Cost: \$ _____

Was there a presenter? ☐ Yes / ☐ No ☐ If yes, who? _____

How did you advertise for this event/program? Check all that apply:

- | | |
|-----------------------------------------------|------------------------------------------------------------------|
| <input type="radio"/> Email list | <input type="radio"/> Presentation at TMCSC or other org meeting |
| <input type="radio"/> Flyers/RA Newsletters | <input type="radio"/> Posters |
| <input type="radio"/> TGMN college newsletter | <input type="radio"/> Table ads in Oceanview Terrace |
| <input type="radio"/> Facebook group or event | <input type="radio"/> Other _____ |

Describe how this event/program relates to the mission of your organization/residential community.

Specify the manner in which this program or event contributes to student learning, growth, and development. Check all

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

Identify your approach(es) in achieving your expected outcomes. What type of experience did you create through your event/program?

- | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Social: community building and bonding | <input type="radio"/> Community service & philanthropy |
| <input type="radio"/> Wellness: physical, emotional, intellectual, environmental, spiritual, & occupational | <input type="radio"/> Passive: social media or bulletin boards |
| <input type="radio"/> Holistic: exploration and inquiry | <input type="radio"/> Engagement with any components of the of "Know, Check, Be" Residential Life Philosophy |
| <input type="radio"/> Diversity & identity development | <input type="radio"/> Other: _____ |
| <input type="radio"/> Arts: creative outlets and self expression | |

How did you accomplish the intentions of the program selected above? _____

If you were to do this event again, what would you do differently? _____

STAFF USE ONLY

Planning Program Consultation Completed? Yes / No

Date received by financial manager: _____ Initials: _____

Date received by advisor/supervisor: _____ Initials: _____

Processed by: _____