



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:

- Email list
- Flyers/RA Newsletters
- TGMN college newsletter
- Facebook group or event
- Presentation at TMCSC or other org meeting
- Posters
- Table ads in Oceanview Terrace
- 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

- Think Critically and Solve Problems
- Communicate Effectively
- Advance a Plan for Personal, Academic, and Professional Success
- Lead in a Diverse Global Society
- Engage in a Healthy Lifestyle
- 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?

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

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: _____