**Event Evaluation Form Template Word**

**Event Overview
 Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Event Date: \_\_\_\_\_\_\_\_\_\_\_\_
 Event Time: \_\_\_\_\_\_\_\_\_\_\_\_
 Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Rate the event based on the following criteria (1 = Poor, 5 = Excellent).**

| **Category** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **Event Planning** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Speaker Effectiveness** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Venue & Setup** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Time Management** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Audience Participation** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Overall Experience** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Food & Beverages** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Technical Support** | **☐** | **☐** | **☐** | **☐** | **☐** |

**2. What aspects of the event did you find most effective?**

**3. What improvements would you suggest for future events?**

**4. Would you like to participate in future events?
 ☐ Yes ☐ No ☐ Maybe**

**5. Additional Feedback:**