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:

_____

_____