

Post Event Evaluation Form

Event Information

Event Name: _____

Date: _____

Organizer: _____

Venue: _____

1. Rate the event on the following criteria:

Aspect	Excellent	Good	Fair	Poor
Overall Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker/Trainer Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendee Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Timing and Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities and Logistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would Attend Again	<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. What did you find most valuable in this event?

3. What could have been improved?

4. Would you recommend this event to others?

Yes No

5. Additional Comments:
