**School Event Evaluation Form**

**Event Details
 Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_
 Organizer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Please rate the following aspects of the event (1 = Poor, 5 = Excellent)**

| **Evaluation Criteria** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **Student Engagement** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Speaker/Presentation** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Venue Suitability** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Event Organization** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Learning Value** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Event Duration** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Audio/Visual Equipment** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Overall Experience** | **☐** | **☐** | **☐** | **☐** | **☐** |

**2. What was the most valuable part of this event for students?**

**3. What challenges were faced during the event?**

**4. Did the event meet the educational goals?
 ☐ Yes ☐ No ☐ Partially**

**5. Suggestions for future school events:**