Evaluation Form – Office of Student Activities

Program Title: ________________________ Program Date: __________

Organization: ___________________

Program Location: ________________ Total Attendance: _______

Cost of Attendance (for attendees) _______________

Program Cost: __________ Circle one: Educational Social

Wellness segment(s) satisfied circle - one or more:

1) Physical Fitness/ Nutrition 2) Spiritual Values/ Ethics 3) Emotional
4) Occupational 5) Intellectual 6) Social Community/ Environmental

Key
5 – Strongly Agree 4 – Moderately Agree 3 – Unsure 2 – Moderately Disagree 1 – Strongly Disagree

<table>
<thead>
<tr>
<th>Statement</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>1. The program fulfilled its goals</td>
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<td>2. The time allocated for the program was adequate</td>
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<td>3. All participants/ attendees enjoyed the program</td>
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<td>4. The location of the program was adequate</td>
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<td>5. The handouts given were useful (if applicable)</td>
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<td>6. The educational information presented was well received (Educational Programs)</td>
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Complete the following statements:

1. The strengths of the program were:
   __________________________________________________________________________
   __________________________________________________________________________

2. The weaknesses of the program were:
   __________________________________________________________________________
   __________________________________________________________________________

3. If there is one thing I could change about this program, it would be:
   __________________________________________________________________________
   __________________________________________________________________________

The whole purpose of education is to turn mirrors into windows.

- Sydney J. Harris