

Event Evaluation Form

Event: _____

Date/Time: _____

Location: _____

Objective/Goals: _____

Evaluate the following:
(5 = Excellent, 1-Needs Improvements)

• Scheduled Meetings:	5	4	3	2	1
• Invitations:	5	4	3	2	1
• Posters/Signs:	5	4	3	2	1
• Flow of the event:	5	4	3	2	1
• Décor:	5	4	3	2	1
• Marketing:	5	4	3	2	1
• Promotion:	5	4	3	2	1
• Volunteers:	5	4	3	2	1
• Division of Responsibilities:	5	4	3	2	1
• Risk Management:	5	4	3	2	1

Were the strategic objectives met? Why or why not?

Did the event stay on budget? If no, why?

What areas worked well?

What improvements would you recommend?

Additional Comments/Notes:
