Event Evaluation

Event Name: _____

Date: _____ Time: _____ Location of Event: _____

Planned by Committee: _____ Member(s): _____

ATTENDANCE

Members: _____ Initiates: _____ Alumni: _____ ICR Members: _____ Non-Members _____

BUDGET

Budgeted: $_____ Spent: $_____ Items purchased: _____

How successful was this event?

   NOT SUCCESSFUL   1   2   3   4   5   6   7   8   9   10   **VERY SUCCESSFUL**

Which committees or groups collaborated on this event? _____

How was this event advertised? _____

What went well?

_____

_____

What could be improved?

_____

_____

What should be changed to make this event more successful in the future?

_____

_____

Should we hold this event again?   ☐ **YES**   ☐ **NO**

Why or why not? _____