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 leg(s) of the Tripod were met:
Scholarship: _____ Leadership: _____ Fellowship: _____

If service event, what is the name of the benefiting Philanthropic Partner: _____

Which committees or groups collaborated on this event? _____

What was the event:

Event Evaluation

Has the event been planned before? ☐ YES ☐ NO

If yes, did the event grow from the previous 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?

_____
_____
_____

Did we send a press release for this event before or after the event? ☐ YES ☐ NO

Did we submit this event for a Phi Sigma Pi Award? ☐ YES ☐ NO