



PROGRAM EVALUATION WORKSHEET

LONG BEACH
CITY COLLEGE

Title of Program/Activity: _____

Date: _____ Time: _____ Place: _____

Brief description of program: _____

Briefly describe the programs goals/purpose or objectives: _____

Target Attendance Number: _____ Actual Attendance Number: _____

Source of Program: Where did you get the idea for this program? _____

How would you rate the program? (check one)

Very successful _____ Somewhat successful _____ Not successful _____

Why? _____

How can this program be improved? _____

Program Planning Specifics (indicate amount and costs where used):

Room:

Event Staff:

Reservation:

Maintenance:

Transportation:

Music:

Food:

Tickets:

Publicity:

Guests:

Decorations:

Audio/Visual:

Should this program be repeated?

Yes

No

Why?

* Adapted from XCEL Center for Excellence in Student Leadership, Campus Life at Binghamton University, State University of New York, 2010