

WESTERN ILLINOIS UNIVERSITY - QUAD CITIES
EVENT EVALUATION FORM
QC Student Activities Office

Sponsored by Club/Organization_____

Co-Sponsors_____

Event
Title_____

Type of
Event_____

Day of Week_____ Month_____ Date_____

Location_____

Time: Actual Start Time_____am/pm End Time_____am/pm

Number in Attendance_____ QC Students_____ Public_____

Actual Cost of
Event_____

Were program goals met & explain? _____Yes _____No

Problems/Concerns _____Yes _____No

What should be done differently next time?

How was the program received? ___Poor ___Fair ___Good ___Very Good ___Excellent

Should an event of this type be offered again? _____Yes _____No

Please return this form to the Student Activities Office with event receipts 48 hours after program completion.