

EVENT/PROGRAM EVALUATION

Must be submitted to the Office of Student Affairs by the Friday following your Event

Name of Organization: _____

Name of Event: _____ Event Coordinator: _____

Date/Time of Event: _____ Location: _____

Was this the first time the event was held? Yes _____ No _____

Anticipated Attendance: _____ Actual Attendance: _____

Breakdown: Molloy College Students _____
Faculty/Administration/Staff _____
Guests _____

What factors, if any, affected attendance? (positive or negative):

What performer/agency, if any, was used for this event? _____

Would you work with this performer/agency again? Yes _____ No _____

Why or why not? _____

Would you host this event again? Yes _____ No _____

Why or why not? _____

How would you improve this program?

Publicity (Please check all that apply):

Posters: _____ Flyers: _____ Banners: _____ Other: _____

Was publicity effective? Yes _____ No _____

Why or why not?

Please write any additional feedback or comments regarding this program. Please use the back if you need additional space.

