

Abraham Baldwin Agricultural College
Event Evaluation Form

This evaluation must be submitted 24 hours after the event.

Name of Club/Organization: _____

Event Name: _____

Day of Week: _____ Month: _____ Date: _____

Location(s): _____

Planned Start Time: _____ Actual Start Time: _____ End Time: _____

Total in Attendance: _____ ABAC Students: _____ ABAC Staff: _____ Public: _____

What went well?

Were program goals met?

Explain:

Problems or Concerns?

What should be done differently next time?

How was the program received?

Should an event of this type be offered again?

Additional Comments/Recommendations: