

# RESIDENCE LIFE AND HOUSING SERVICES PROGRAM EVALUATION FORM

PROGRAM EVALUATIONS ARE DUE WITHIN 48 HOURS AFTER PROGRAM

TODAY'S DATE:		RESIDENCE HALL / COMPLEX:	
STAFF MEMBER NAME(S):			
PROGRAM TITLE:			
DATE OF PROGRAM:		TIME:	LOCATION:
FACILITATOR NAME (If applicable):			
FACILITATOR ADDRESS / PHONE # (if applicable):			
<b>PLEASE IDENTIFY THE PROGRAM CATEGORY</b> <small>(PLEASE CHECK OR COMPLETE THE BOX TO THE LEFT OF THE CATEGORY)</small>			
<input type="checkbox"/>	SOCIAL	<input type="checkbox"/>	Wellness Center
<input type="checkbox"/>	Diversity Initiative	<input type="checkbox"/>	Rammy Spirit Event
<input type="checkbox"/>		<input type="checkbox"/>	Leadership Development
<input type="checkbox"/>		<input type="checkbox"/>	SAC Event
<input type="checkbox"/>		<input type="checkbox"/>	Women's Center
<input type="checkbox"/>		<input type="checkbox"/>	Performing Arts
<input type="checkbox"/>		<input type="checkbox"/>	OTHER
<b>NUMBER IN ATTENDANCE</b> <input style="width: 40px;" type="text"/>			
<b>STAFF</b> <input style="width: 40px;" type="text"/>			
<b>BUILDING RESIDENTS</b> <input style="width: 40px;" type="text"/>			
<b>OTHER</b> <input style="width: 40px;" type="text"/>			
Were you pleased with the turn out? If not, why do you think the residents did not attend?			
What were the strengths of the program? Would you recommend the presenter for another program (if applicable)?			
How would you improve the program (in regards to advertising, program content, etc)?			
If you worked with another staff member or group on this program, how well did you work together? What were your strengths? Weaknesses?			

<b>PLEASE LIST BELOW THE AMOUNT OF FUNDING USED &amp; DESCRIBE SUPPLIES PURCHASED</b> <small>(PLEASE DO NOT FORGET TO SUBMIT RECEIPTS AND ANY CHANGE TO RD / GHD IMMEDIATELY)</small>			
FUNDING SOURCE	<input style="width: 40px;" type="text"/>	PROGRAMMING FUND	<input style="width: 40px;" type="text"/>
C.A.S.H. FUND			
STAFF MEMBER SIGNATURE:			
RD / GHD SIGNATURE:		DATE RECEIVED:	