



REGISTERED STUDENT ORGANIZATION PROGRAM EVALUATION FORM

Registered Student Organization: _____
Evaluator: _____
Event Title: _____

GENERAL:

Date of event: _____ Day of event: _____ Time of event: _____
Were the date, day, & time appropriate for the event? Yes No Weather: _____
If no, explain why: _____
Attendance - anticipated: _____ approximate: _____
Ithaca College Students: _____ Faculty/Staff: _____ General Public: _____
Were tickets sold for this program? Yes No If yes, what were the prices? _____
Did you use cash box/starter cash? Yes No _____
Did you charge at the door? Yes No _____
Please comment: _____
Goals for the program: _____

ADVERTISING:

Posters Flyers Table Tents Radio Television PSA's
Ithacan Ads Ithaca Journal Other Newspapers Other T-Shirts
Which one seemed the most effective? _____ Which one seemed the least effective? _____
Timeliness of advertising: _____
How would you improve the advertising? _____

BUDGET:

Did the program have a budget? Yes No
Did expenses stay within budget? Yes No
Did the program have any co-sponsorship? Yes No If yes, how much & from whom? \$ _____

Please attach a copy of the budget.

COLLABORATION (This is other than budgetary collaboration):

Organizations with whom the event was co-sponsored: _____
How successful was the co-sponsorship? _____

CONTRACTS:

Were there any problems with the contract? _____
Were there any problems with the check? _____

FACILITIES:

How easy was the reservation process? _____
Was there a rain location? _____
Was the facility adequate for your program? _____
Please comment: _____
Was the facility set-up properly and on time? _____
Please comment: _____
Were there any technical difficulties with the program? _____
Please comment: _____
Has any future facility reservation(s) been made? _____
Please comment: _____

