



CAMPUS EVENT ASSESSMENT FORM

NAME OF EVENT: _____

CONTACT: _____

➤ Please circle the appropriate response, or right a brief answer.

1. Overall, how would you rate the event?

- Excellent
- Very good
- Fairly good
- Mildly good
- Not good at all

2. What did you like about the event?

3. What did you dislike about the event?

4. How organized was the event?

- Extremely organized
- Very organized
- Somewhat organized
- Slightly organized
- Not at all organized

Please tell us more:

5. Were the location and facilities in good condition?

- Yes
- No

Please tell us more:

6. Were the staff friendly?

- Yes
- Somewhat
- No

Please tell us more:

7. How helpful were the staff?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

Please tell us more:

8. Prior to the event, how much necessary information did you receive?

- All of the information
- Most of the information
- Some of the information
- A little of the information
- None of the information

What other information would have been helpful?

9. Would you recommend our facility to a friend or colleague?

- Yes
- No

Why or why not?

10. Any other thoughts to share about the event?