Event Evaluation Form

Name and date of Event: Click here to enter text.

Date of evaluation: Click here to enter a date.

Names of those evaluating: Click here to enter text.

Please give a rating of 1-5 to each aspect of the event below, with 1 meaning “not successful” and 5 meaning “exceeded expectations”.

* 1. Location of event: Click here to enter text.

Comments: Click here to enter text.

* 1. Time of event: Click here to enter text.

Comments: Click here to enter text.

* 1. Date of event: Click here to enter text.

Comments: Click here to enter text.

* 1. Congregational participation: Click here to enter text.

Comments: Click here to enter text.

* 1. Non-member or community participation: Click here to enter text.

Comments: Click here to enter text.

* 1. Adequate materials or supplies: Click here to enter text.

Comments: Click here to enter text.

* 1. Adequate volunteer assistance: Click here to enter text.

Comments: Click here to enter text.

* 1. Food, etc.: Click here to enter text.

Comments: Click here to enter text.

* 1. Strengthening of existing relationships: Click here to enter text.

Comments: Click here to enter text.

* 1. Building new relationships: Click here to enter text.

Comments: Click here to enter text.

Optional comments or other feedback: Click here to enter text.

What things should stay the same and what things need to be improved when this event is held again? Click here to enter text.

Should we do this event again? Click here to enter text.

Suggested date/time/location? Click here to enter text.