



ASSOCIATED STUDENTS, INC.

California State University, Los Angeles

PROGRAM EVALUATION FORM

Program Title:

Type of Program:

Day/Date/Time of Event:

Location:

Did any of the above not work? If not, which ones and why?

Actual Budget

Advertisements	Standard print	_____
Supplies	_____	_____
Facility rentals	_____	_____
Decorations	_____	_____
Performance/Speakers	_____	_____
Food/Refreshments	_____	_____
Miscellaneous (Specify)	_____	_____
Cost per person	_____	_____
Total Cost	_____	_____

Projected Attendance

Students	_____
Faculty/Staff	_____
non-CSULA	_____
Total	_____

Actual Attendance

Students	_____
Faculty/Staff	_____
non-CSULA	_____
Total	_____

Co-sponsorship contributions (If applicable)

Income:	_____
Net Cost:	_____

Type of publicity used:

What was your actual marketing for this event?

Overall effectiveness	great	good	fair	below average	poor
Quality of Presenters	great	good	fair	below average	poor
Audience Reaction	great	good	fair	below average	poor
Logistical Functionality (set up, technical, facilities, etc.)	great	good	fair	below average	poor

Did you meet your goals and realize your intended learning outcomes as described in your program proposal?

List any specific problems, comments or concerns you had during the planning or implementation stages of the program.

List suggestions for Improvement (Please be specific with your recommendations as to how would you make the program better.)

Would you repeat this program? Please provide reasoning as to why or why not.

Please attach copies of any additional information about the program: publicity, judging sheets, sign up list, receipts, paid bills, etc. Schedule a meeting with the ASI Director of Government Affairs & Leadership Programs to complete your assessment requirement for this program. ASI appreciates your time, talent, and attention given to this project and the representation of Cal State LA students.