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 or the ASI Senior Coordinator of Student Engagement & Outreach 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.