

# Berea College Program Evaluation Form

(Please attach all receipts to the top right)

Your Name(s): \_\_\_\_\_ CPO \_\_\_\_\_ EXT \_\_\_\_\_

Title of Program: \_\_\_\_\_

Your Sponsoring Club/Organization/Residence Hall: \_\_\_\_\_

Program Date: \_\_\_\_\_ Presenter(s): \_\_\_\_\_ Location: \_\_\_\_\_

Type of Program: Educational  Cultural/Spiritual  Social  90%er

Advertising Methods: \_\_\_\_\_

Funds Used: \_\_\_\_\_ Where Items Purchased: \_\_\_\_\_

Hall/Club Account: \$ \_\_\_\_\_

Coalition: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Funds Received \$ \_\_\_\_\_ Total Spent \$ \_\_\_\_\_

**Describe the program and its purpose.**

**Was the program successful?** Give key evidence as to why it was or was not successful. What method did you use to evaluate it? How many people attended? \_\_\_\_\_

**Think Critically:** When this Program is repeated by someone else, what specific advice would you give that person? Would you implement this program again? Why or Why not?

Advisor/Coalition/Collegium/HC Signature: \_\_\_\_\_ Date \_\_\_\_\_ # \_\_\_\_\_