

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:
<input type="checkbox"/> Hall/Club Account:	\$ _____	_____
<input type="checkbox"/> Coalition:	\$ _____	_____
<input type="checkbox"/> 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 _____ # _____