

Event Evaluation Sheet

Event Being Evaluated: _____

Date: _____

- Why did you come to the event? What were your expectations?
- What did you like best about the event?
- What suggestions do you have about how we can improve the event?
- How do you feel you are growing as a result of the event? What applications to your life do you have?
- Is there anything about the program/event that is upsetting you?
- Did you feel comfortable bringing your friends/family? Why? Why not?