



# PROGRAM EVALUATION FORM

RA's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

<p><b>CHARACTER Area</b> (Circle one)</p> <p>(Culture/Diversity) (Health) (Academic/Professional) (Relationships) (Art/music)</p> <p>(Community Service) (Target) (Emotional) (Religious/Spiritual)</p>
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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

1. Explain what took place at the program:
2. How did you advertise for this event?
3. What were the goals of this program?
4. Outcomes (# of participants, participant reaction):
5. What worked well?
6. What would you do differently next time?

<input type="checkbox"/> Program Evaluation Approved <input type="checkbox"/> Program Evaluation Not Approved
Director's signature: _____ Date: _____