

Post-Event Evaluation Form

Event Name:	
Event Date:	
Event Location:	

Rate the event on the following criteria:

Aspect/Criteria	Outstanding	Very Good	Satisfactory	Needs Improvement
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
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	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Which session or activity did you find most beneficial or inspiring?

Were there any challenges or areas that didn't meet your expectations?

Any additional comments or suggestions?