

Program Evaluation

(Committee Chairs fill out this form and submit to the President within a week of the Program's completion)

Event: _____

Date: ___/___/____ Time: ___: ___ am pm

Location: _____

Coordinator(s): _____

Area of Focus: _____

Attendance (total): _____ Attendance (specifically targeted students) _____

Cost (total): _____ Cost (from budget) _____ Cost (to students) _____

Partner(s): Faculty ___ Student Gov't ___ Student Leadership ___ Housing ___ Other _____

Description of Event:

What are the strengths and weaknesses of the event?
 What are the opportunities you had and what were the threats to your success?

<p><u>Strengths</u></p> 	<p><u>Weaknesses</u></p>
<p><u>Opportunities</u></p> 	<p><u>Threats</u></p>

How does this program enhance the academic and social environment of the University?
(Keep in mind: faculty involvement, intellectual peer dialogues, academic support and wellness, peer to peer connections, etc)

How is this program inclusive of all the members of the University?
(Keep in mind: issues related to gender, religion, race/ethnicity, ability, class and sexuality.)

How do you feel this event went? What would you do differently?

How would you utilize Partners in the event process?

Would you recommend this event to next year's Chair? Why or why not?

Other comments?