



Bay State College

Department of Student Affairs

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EVENT EVALUATION FORM

Name of Student Organization: _____
 Date Submitted: _____ Event Date: _____
 Name of Event: _____ Event Location: _____
 Time of Event: _____ Amount Allocated: _____ Amount Spent: _____

Please summarize the event's activities:

of BSC Students who Participated: _____ Was this event open to the general public? YES NO
 If yes, how many people from the general public participated? _____

Did the event/program follow the approved budget? Could you have used more resources or less? Why?

What were the best parts of the event and its planning process?

What were the worst parts of the event and its planning process?

Would you make any changes to the event or its planning process? What would those changes be?

Was this event/program free to all BSC students? YES NO
 Was any revenue generated by the event/program? YES NO
 If yes, how much? \$ _____

OFFICE OF STUDENT INVOLVEMENT & LEADERSHIP USE ONLY

Date Received: _____ Department of Student Affairs Employee Initials: _____