Event Evaluation Form

Event: _____

Date: _____

1. **Rate the success of the event (1: not successful; 10 Very Successful)**

   1 2 3 4 5 6 7 8 9 10

2. **What worked well?**

   _____

   _____

   _____

3. **What did not work well or what needs improvement?**

   _____

   _____

   _____

4. **What did you like best or find most useful about this event?**

   _____

   _____

   _____