Program Evaluation Form (P.E.F.)

Organization: ________________________________________________________________

Title of Program: ______________________________________________________________

Date (indicate if weekly event): __________________ Time: ______________ Location: _________________

Purpose: Social ___ Cultural ___ Educational ___ Promotional ___ Religious ___ Community Service ___ General Interest Meeting ____ Other ____

How far in advance did you start planning: _____________________________________________

Number of organization members involved in planning: _____________________________

*** Please attach a list of all event attendees

For the following questions provide a minimum of 3 sentences. This information is for transitioning next year’s executive board and for budget and program justification.

• Briefly describe your program. What was successful about the program, activity, or collaboration?

• What challenges did you encounter?

• What last minute adjustments had to be made?

• Would you be plan this again? YES    NO Why or why not?

• How did you publicize?
DETAILS: Please fill in all applicable bullets

• Attendance:
  • Attendance Goal  ________
  • Actual Attendance  ________

• For a Ticketed Event:
  • What was the ticket cost $ ________ undergrad  $ ________ grad  $ ________ (other)  N/A
  • What was the per ticket subsidy (if applicable) $ ________ undergrads  $ ________ grads  $ ________ other
    • # of tickets put on sale  ________
    • # tkts sold at Office of Student Life:  ________
      • # of ESM undergrad student tkts:  ________@ $ ________
      • # of ESM grad student tkts:  ________@ $ ________
      • # of Other tkts:  ________@$ ________
    • # tkts Sold at the door (if applicable):  ________
      • # of ESM undergrad student tkts:  ________@ $ ________
      • # of ESM grad student tkts:  ________@ $ ________
      • # of Other tkts:  ________@$ ________
  • # of Complimentary tkts given away:  _______________________
  • **Total # of Sold Tkts:  ________ Total # of Unsold tkts:  ________

**This is the # of ticket stubs you collected at event. Ticket stubs must be kept for 7 years in a marked envelop for tax auditing purposes.

• Food served:  YES  NO  N/A  Catered by:  ____________________________  Alcohol Served:  YES  NO  N/A

• Co-sponsors (departments, student orgs, etc.)  ________________________________

• Amount budgeted :  $ ________  Actual Expenses:  $ ________

• Funding sources/co-sponsorships for P.A.C:  
  $ ________  Name:  ____________________________
  $ ________  Name:  ____________________________

Signature of Member  Title  Date

Signature of Advisor  Title  Date

Updated: 7/2015