Programming Evaluation Form (P.E.F.)
This form must be turned into the Office of Student Activities Advisor within 3 business days of your event

Organization: ________________________________________________________________

Title of Program: ____________________________________________________________

Date: (indicate if weekly event): ___________ Time: _______________ Location: ________________

Purpose: Social ____ Cultural ____ Educational/Awareness ____ Promotional ____

Religious/Spiritual ____ Community Service ____ General Interest Meeting ____ Other ____

How far in advance did you start planning:

Was this a co-sponsorship (if so, list collaborators): _______________________________________

*** Please attach a list of all event attendees/guests if you have one

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?

• What challenges did you encounter?

• Did last minute adjustments need 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 areas

• Attendance:
  • Attendance Goal
  • Attendance Actual

• For a Ticketed Event (with or without a fee):
  • What was the ticket cost $_______ undergrad $_______ grad $_______ (other) FREE
  • What was the undergrad per ticket subsidy (if applicable) $___________
  • Total # of tickets put on sale/available for sing-up
  • Total # tickets sold at Office of Student Life:
    1. # of ESM undergrad student tkts: _____ @ $ _________
    2. # of ESM grad student tkts: _____ @ $ _________
    3. # of Other tkts: _____ @$_________
  • # of tickets sold at the door (if applicable):
    1. # of ESM undergrad student tickets _____@ $ _________
    2. # of ESM grad student tickets _____@ $ _________
    3. # of Other tickets: _____@$_________
  • # of complimentary tickets given away:

• Total # of Sold tickets: __________ Total # of Unsold tickets: ______________

• Total number of people who actually attended (per head count, ticket stubs, or on-site check-in): __________

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

• Amount budgeted: $_________________ Actual Expenses: $____________________________

• Funding sources/co-sponsorships: $ _______ Name: ________________________________
  $ _______ Name: ________________________________

Signature of Member ____________________ Title ____________________ Date __________

Signature of Advisor ____________________ Title ____________________ Date __________