

# Post-Event Evaluation Form

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Event Organizer: \_\_\_\_\_

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

1    2    3    4    5    6    7    8    9    10

2. **Describe what worked well:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Describe what did not work well or requires improvement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Were there any unforeseen problems**      Yes       No

If Yes, how could you prepare better in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **What would you do differently if you ran this event again?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Would you recommend that this event be held again next year?**      Yes       No

If No, explain why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_