**Savannah State University**

Office of Residential Services and Programs

*Program Evaluation*

RA/CA Submitting Evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Staff Involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Residence Hall(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Program: Check one:

Cultural Social Intellectual Spiritual Physical Emotional Educational

Brief description of what took place at program:

Explain your planning process for this program:

Total Cost of Program \_\_\_\_\_\_\_\_\_ Number in Attendance \_\_\_\_\_\_\_ Time Spent Preparing \_\_\_\_\_\_\_

Length of Program \_\_\_\_\_\_\_\_

Please evaluate your program:

Evaluate on a scale of 1 to 4 (1-excellent, 2-good, 3-average, 4-poor):

1. \_\_\_\_\_ Publicity
2. \_\_\_\_\_ Implementation of plans
3. \_\_\_\_\_ Quality of material presented
4. \_\_\_\_\_ Attainment of the goal(s)

How was your speaker/presenter?

Would you recommend this program to be presented again? Yes No

Please explain.

What was the most successful part of the program? What was the positive feedback?

Improvement, Impressions, and Frustrations?

How would you change the program in the future?

Was this program organized with your Hall Council? Yes No If yes, what role did the serve in planning?

**\*Note: Program evaluations are due two days after the program date. Evaluations must be neatly filled out in its entirety and signed by the host facility’s Residential Director before submission.**

RA/CA Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RD Comments, Suggestions, Concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RD Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Program Points:

1. \_\_\_\_\_ On time and correct proposal.
2. \_\_\_\_\_ On time and correct evaluation.
3. \_\_\_\_\_ Advertisements
4. \_\_\_\_\_ Execution
5. \_\_\_\_\_ Influence

Total: \_\_\_\_\_

Comments:

Program Coordinator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Received