

# PROGRAM EVALUATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**How did you become aware of this event? (Check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Signal (campus newspaper) | <input type="checkbox"/> Flyer/brochure               |
| <input type="checkbox"/> GSU website               | <input type="checkbox"/> Mailing to student           |
| <input type="checkbox"/> Kiosk/ Marquee            | <input type="checkbox"/> Other (please specify) _____ |

**Please circle your response under the appropriate column after each statement:  
1= Strongly Disagree; 2= Disagree; 3=Agree; 4=Strongly Agree**

- |  |   |   |   |   |       |
|--|---|---|---|---|-------|
| 1. This program met my expectations.   | 1 | 2 | 3 | 4 | N/A   |
| 2. I now have a greater knowledge about this topic than I did before attending this event. | 1 | 2 | 3 | 4 | N/A   |
| 3. The program has motivated me to reconsider my attitudes toward this topic.              | 1 | 2 | 3 | 4 | N/A   |
| 4. The presenter was knowledgeable about the subject matter.                               | 1 | 2 | 3 | 4 | N/A   |
| 5. The facilitator was prepared for the program and the discussion.                        | 1 | 2 | 3 | 4 | N/A   |
| 6. I expect to change my behavior as a result of this program.                             |   | 1 | 2 | 3 | 4 N/A |
| 7. I would recommend that other students attend this program.                              | 1 | 2 | 3 | 4 | N/A   |

The portion of the program I liked best was \_\_\_\_\_

The portion of the program I liked least was \_\_\_\_\_

I think the program would be improved if \_\_\_\_\_

Would you like to see additional programs of this nature offered?  Yes  No

Overall, I rate this program:  Poor  Fair  Average  Good  Excellent

My local residence is:  Village  University Lofts  Off campus

My classification is:  Freshmen  Sophomore  Junior  Senior  
 IEP/ non-degree  Graduate  Faculty  Staff  Guest/Non-student

My ethnic identity is (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> African American/Black    | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American            | <input type="checkbox"/> White           |
| <input type="checkbox"/> Hispanic/ Latino American | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> International             |  |