



CHAPTER EVENT EVALUATION FORM

CHECK ONE ___TRO___OTHER SOROR ___NON-SOROR

CHAPTER INFORMATION

Chapter: THETA RHO OMEGA

Initiative:

Region: CENTRAL State: IL

Event/Activity Description:

Date:

Activity Co-Chairman:

List All Collaborative Partnerships:

Date of Evaluation

Occurrences_____

PROGRAM CONTENT

	(5)=Strongly Agree	(4)= Agree	(3)=Neutral	(2) =Disagree	(1=) Strongly Disagree
Program exceeded my expectations	_____	_____	_____	_____	_____
Program objectives identified and followed.	_____	_____	_____	_____	_____
Program was organized?	_____	_____	_____	_____	_____
Materials distributed useful and pertinent?	_____	_____	_____	_____	_____
Was Chapter participation and Interaction encouraged?	_____	_____	_____	_____	_____
Was adequate time provided to execute the program?	_____	_____	_____	_____	_____

	(5)-Excellent	(4)Good	3) Average	(2) Poor	(1) Very Poor
Pre-Event Publicity	_____	_____	_____	_____	_____
Post Event Publicity	_____	_____	_____	_____	_____
Communicated Effectively					
Within Chapter	_____	_____	_____	_____	_____
To the Community	_____	_____	_____	_____	_____

Was this a collaborative activity? ___YES ___NO

 Undergraduate Chapter ___YES ___NO

 Graduate Chapter ___YES ___NO

Equal Distribution of responsibilities (5)Excellent____(4)Good____(3) Average____(2)Poor____(1)Very Poor____

CHAPTER EVENT SUMMARY

Circle your overall event rating: 5-Excellent 4-Good 3-Average 2-Poor 1-Very Poor

What aspects of the Program can be improved?

Other COMMENTS: