

Community Event Evaluation Form

Event Name: _____

Date: _____

Your Name (optional): _____

Please rate the following aspects of the event:

Criteria	Excellent 5	Good 4	Average 3	Fair 2	Poor 1
Overall Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Activities/Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venue Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer/Staff Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication & Promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like most about the event?

What areas could be improved?

Additional Comments / Suggestions

Submit Feedback