

Event: _____

Date/Time: _____ Evaluator: _____

Primary Event Organizer(s): _____

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. Other Comments:

