Office of University Events
Event Evaluation Form

Instructions: Download this PDF and save to your computer. Next fill out the form completely and save your changes. Then email the completed PDF to events@nsu.edu
If you have questions regarding this form, please contact Alexis J. Martin, Event Planning Coordinator at 757-823-2987 or ajmartin@nsu.edu

Event Name: ________________________________________________________________

Point of contact for your event: ________________________________________________

Event Coordinator: ___________________________________________________________

Was your program/event goal met? Please explain. __________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How was your program/event advertised? _________________________________________
____________________________________________________________________________
____________________________________________________________________________

If your event was by invitation, did you get the anticipated number of guests? Why or why not?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Would you recommend repeating this event? _______________________________________
____________________________________________________________________________
Was the event an overall success? Why or why not? __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Do you have proposed budget changes for next time? Please describe: ____________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Is follow up necessary? With whom, regarding what matter? ________________________________

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________________________________________________________________________________________

Please provide any additional comments or suggestions on tasks our office did well. ______________

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________________________________________________________________________________________

Please provide suggestions for ways our office can better assist you in achieving your goals in the future, if any. ________________________________________________________________

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