



# STUDENT AFFAIRS DEPARTMENT PROGRAM REPORT & EVALUATION

<b>PART 1: Program Information</b>	
Name & Description of Program:	Date of Event:
Sponsored by: (write contact names and phone #s for co-sponsors on back of form)	
Location:	Time:
Target Audience:	
<b>PART 2: Program Outcomes</b>	
Goals for the Program:	How were the goals met?
Learning Outcomes:	Were these outcomes achieved?
Evaluation of the Program:  Strengths:  Weaknesses:	
Attendance Goal:	Actual Attendance:

### PART 3: Advertising and Promotions

Check all of the ways in which you promoted this event:

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Journal</i> ads<br><input type="checkbox"/> <i>Journal</i> Calendar item<br><input type="checkbox"/> <i>Journal</i> preview article<br><input type="checkbox"/> Flyers or posters on bulletin boards<br><input type="checkbox"/> Announcements in class by faculty<br><input type="checkbox"/> On-line calendar<br><input type="checkbox"/> Sidewalk chalk<br><input type="checkbox"/> Staked signs around campus<br><input type="checkbox"/> Sandwich boards<br><input type="checkbox"/> Handbills<br><input type="checkbox"/> Website for the event<br><input type="checkbox"/> Performer website | <input type="checkbox"/> Leaflet on car windshields ( <u>not</u> WVA lot)<br><input type="checkbox"/> Teaser program<br><input type="checkbox"/> Facebook<br><input type="checkbox"/> Press release (see Public Affairs)<br><input type="checkbox"/> Signs around campus<br><input type="checkbox"/> Table tents<br><input type="checkbox"/> Announcement at club meetings/other events<br><input type="checkbox"/> GTV<br><input type="checkbox"/> Campus radio station<br><input type="checkbox"/> Email announcements<br><input type="checkbox"/> Banners<br><input type="checkbox"/> Off-campus newspaper ads<br><input type="checkbox"/> Other (please specify _____) |
|---|--|

### PART 4: Financial Information

Actual Program Costs	Source of Funding
Revenue (if any):	
Artist/speaker fee:	
Lodging:	
Transportation:	
Food/beverage:	
Rentals:	
Advertising/Marketing:	
Facility costs:	
<b>TOTAL (net cost):</b>	

### PART 5: Recommendations

Should this program be repeated?

What should be changed?

### PART 6: Miscellaneous

Comments on interaction with agency/performer:

**Please rate the following aspects of the program** (circle the appropriate rating 1 = poor, 5 = excellent)

Effectiveness of advertising and publicity	1   2   3   4   5
Cost effectiveness of program	1   2   3   4   5
Overall success of program	1   2   3   4   5

**PART 7: Program Planners**

Evaluation completed by:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

RETURN THIS COMPLETED PROGRAM REPORT WITHIN 2 WEEKS OF THE PROGRAM TO:  
Ted Hoef, Dean of Students Office

This form is to be used for all programs produced by Student Affairs departments, with a total net cost of \$1,500 or more.