Residence Life Program Evaluation Form

Title of Program: ________________________________________________________________
Program Planner(s): ___________________________________________________________
Date: __________ Time: ______ Location: ________________________________
Type of Program: (Circle) House   Hall   Total Cost of Program: $ ______
Attendance: ____ Building Residents ____ Other ____ Staff ____ Total

Program Goals (Circle one or more of the Baccalaureate Goals you programmed for):

Skilled:  Develop knowledge, intellectual and applied skills, and literacies;
Connected: Engage community and diversity, local stewardship, and global citizenship;
Creative: Demonstrate scholarship, artistry, and innovation;
Responsible: Act with commitment to ethics, leadership, professionalism, and sustainability.

Advertising: (Circle all that apply) Posters/flyers   EMS TV*    Door to Door   Lobby
Board   Internet Sources   Ad in the leader   Mailbox Tags   Mentioned at Hall Council

Program Description:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Which type of advertising was the most effective?

__________________________________________________________________________
__________________________________________________________________________

Why was it important to implement this program?:

__________________________________________________________________________
__________________________________________________________________________

Explain how the program aligned with the Baccalaureate goals:

__________________________________________________________________________
__________________________________________________________________________

What were the most successful aspects of this program and why?

__________________________________________________________________________
__________________________________________________________________________

What suggestions do you have for improving this program?

__________________________________________________________________________
__________________________________________________________________________

Submit for Program of the Month? (Circle) Yes* No
*Please attach program flyer & RA/RD commendations