

PROGRAM ASSESSMENT
Associated Students, CSUF, INC.
California State University, Fullerton

Evaluator's Information:

Name:	
Council:	Organization:
Email:	Phone number:

Event Attended Information:

Title:	Date:
Location:	Time:
Sponsoring Organization Name:	Co-Sponsor Name:
Amount Allocated:	
Was ASI and Council acknowledged?	By whom?

Attendance: (Fill in numbers)

Cal State Fullerton Students:
Non-Cal State Fullerton Students:
Total Attendance:

Please circle the appropriate ratings

	Strongly Agree	Neutral	Disagree	Strongly Disagree	
	SA	A	N	D	SD
1. Did the event match the description in the Allocation Request?	SA	A	N	D	SD
2. Did the event fulfill the ESO's mission statement?	SA	A	N	D	SD
3. Was the event worth the cost?	SA	A	N	D	SD
4. Did the audience seem to enjoy the event?	SA	A	N	D	SD
5. I would recommend that members of my organization attend this in the future.	SA	A	N	D	SD

Please take a few minutes to briefly answer the following question.

6. Other information that may be important to the Council.....