

# Program Evaluation

Program Title/Artist: \_\_\_\_\_

Agency/Middle Agent Used: \_\_\_\_\_

Type of Event:  Concert  Comedy  Dance  Family Programming  Film  
 Lecture  Coffeehouse  Novelty/Variety  Outdoor Leadership Program  
 Other: \_\_\_\_\_

Topic (if lecture): \_\_\_\_\_

Total Cost of Program: \_\_\_\_\_ Performance Date: \_\_\_\_\_ Attendance: \_\_\_\_\_

## Artist/Attraction Report

1. Artist's cooperation with and attitude toward working with Lynchburg College.  
 Outstanding  Very Good  Good  Fair  Poor  N/A
2. Audience reaction  
 Outstanding  Very Good  Good  Fair  Poor  N/A
3. Cooperation of agent/middle agent  
 Outstanding  Very Good  Good  Fair  Poor  N/A
4. Condition of attraction/agency equipment  
 Outstanding  Very Good  Good  Fair  Poor  N/A
5. Quality of publicity materials from agency  
 Outstanding  Very Good  Good  Fair  Poor  N/A

## Organization/Committee Work

*Please rank the following areas and add comments to justify score:*

Staff Advisement:  Outstanding  Very Good  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_

Executive Officer Advisement:  Outstanding  Very Good  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_

A/V Tech/Program Support:  Outstanding  Very Good  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_

Committee Cooperation:  Outstanding  Very Good  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_

Quality of Marketing:  Outstanding  Very Good  Good  Fair  Poor  N/A

Comments: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

### Event Chair Feedback

*Please answer the following:*

1. **Did actual attendance meet your expectations?**  Yes  No  
If no, what do you see as the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Do you think Lynchburg College should have more activities of this kind in the future?**  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Did you follow your marketing plan?**  Yes  No  
List any creative ideas used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **If doing this program again, what would you do the same and/or different next time?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing Form: _____	Position: _____
Signature: _____	Date: _____

\*Please provide copies of flyers, newspaper ads, newspaper articles, and press releases with this evaluation. Submit completed evaluation to the Office of Student Activities.