This form must be used to evaluate membership development programs and other chapter events. This form must be submitted to the Office of Greek Affairs within two weeks of the program/event as well as be typed and thoughtfully completed for a chapter to receive credit for its completion.

THIS FORM IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THIS EVENT

Chapter: ________________________________________________________________

Date of Program/Event: ________________________________________________________

Location of Program/Event: ____________________________________________________

Title of Program/Event: _________________________________________________________

Presenter/Facilitator: ____________________________________________________________

# in Attendance / % of chapter: ___________(#) ___________ (％)

Person Completing Form: _______________________________________________________ 

Describe this program/event.

What were the goals of this program?

How effectively were these goals met by this program?
If you were to do this program again, what would you change or improve?

How would you go about making those changes and/or improvements in the future?

On a scale of 1 to 10, how would you rate this program?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Additional Comments: