UNC CHARLOTTE
Relationship Statement Program
Program Evaluation Form

Please put a check next to the category your program fulfills (you may have multiple checks):

- Alumni/Graduate Relations
- Diversity/Inclusion Program
- Community Service Event
- Program with a non-Greek Registered Student Organization
- Risk Management/Prevention Program
- Educational Programming
- Non-Greek Programming
- Philanthropy Event
- Program with chapter not in your council

Please attach any supporting documents for this program to this form (ie: flyer, article, PR materials, pictures, brochure, handout materials, etc.)

This form is to be completed by the person responsible for this event, and submitted no later than 2 weeks after a program is completed, with the exception of summer leadership training programs.

Your Chapter: ____________________________________________

Date of Program/Event: __________________________ Location of Program/Event: __________________________

Title of Program/Event: ____________________________________________

Presenter/Facilitator (if applicable): __________________________ Co-Sponsor (name, if applicable): __________________________

# in Attendance: __________________________
# in Chapter: __________________________

Was Chapter/Faculty Advisor present for this program? Yes____ No____

What were the goals of this program?

__________________________________________________________________________

How effectively did this program meet these goals?
__________________________________________________________________________

What could have been better about this program?
__________________________________________________________________________

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 (use back of form is necessary):
__________________________________________________________________________