

**RHA Program
Participant Sheet**

Name of Program _____ Date _____

Name	Hall & Room	Phone#
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1) _____

2) _____

3) _____

4) _____

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6) _____

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13) _____

14) _____

15) _____

16) _____

17) _____

18) _____

19) _____

20) _____

21) _____

Program Assessment

Dear Resident:

Please complete this assessment of the program you have just attended and return it to a RHA member within 24 hours. Please be honest when providing your feedback. Your thought and opinions matter to us and help the RHA in providing quality programs.

Thank you-

The Resident Hall Association

Date/Time/Location of the Program: _____

Type of Program: _____

Was the program worthwhile?

What did you learn? Did you improve your knowledge on the topic of the presentation?

Was the program fun?

If food was offered, did you enjoy it?

What can the RHA do to improve future programs?

What kinds of programs would you like the RHA to organize?

Was the location of the program suitable?

On a scale of 1 (lowest) to 10 (highest/best), how would you rate this program?

RHA Program Evaluation
Please complete evaluations within 48 hours of the program.

Program Title: _____

Date: _____ Time(s): _____ to _____

Location/Destination: _____

1. _____ Complete Steps to programming
2. _____ Determine Funding
3. _____ Publicize
4. _____ Confirm Participants
5. _____ Execute
6. _____ Complete Evaluation

Supervisor Approval: _____

Rate the Overall program:

(1) poor (2) below expectations (3) met expectations (4) above expectations (5) excellent

Explanation: _____

Brief description of program/trip: _____

Benefit of program/trip to participants: _____

Benefit of program/trip to Residence Life and Averett: _____

What can be done to improve this program/trip? _____

Would you do this program/trip again? Yes/No

Explanation: _____

Supervisor Notes: _____
