



PROGRAM ASSESSMENT FORM

RSO Name: _____

Main Contact: _____

Phone: _____ Email: _____

Advisor Name: _____ Email: _____

Date of Program: _____ Program Time (begin/end): _____

Program Name: _____

Program Location: _____

Program Description: _____

Attendance Expected: _____ Actual Attendance: _____

Was sufficient time allowed for planning and implementation?: _____

Describe your publicity and advertising. Was it effective?: _____

Did your program accomplish your goals and desired outcomes? Please explain: _____

Please describe successes and other positive feedback: _____

Please describe specific problems, frustrations, and concerns: _____

What did you learn from this program as a club?: _____

Recommendations for similar programs in the future: _____

Club President Signature _____ Date _____

Advisor Signature _____ Date _____

Student Programs _____ Date _____

**Submit completed form to:
Katie Krumm, ASSP Club Executive Director
Uni-Com desk– 1st Floor Student Union Building
krummk@spu.edu
206-281-2126**

The program assessment form must be completed before another event will be sponsored by ASSP