

**ACC Student Activities
Program Evaluation Form**

Please take a few minutes to fill out the following questionnaire. Your participation will help determine future programming. Check the box next to the response that best indicates your opinion. Thank you.

Name of Program/Activity: _____ Date: _____

I am a: Student Faculty Staff Community Member

1. Overall, I thought this program/activity was:

Very Good Good Neutral Poor Very Poor

2. I would recommend this program/activity for future events:

Definitely Probably Neutral Probably Not Definitely Not

3. The thing I liked **best** about this program was:

4. The thing I liked **least** about this program was:

5. I learned of this program through (check all that apply):

Table Tents/Flyers/Posters College Web Site E-mail College Newspaper
 Local/Metro Newspaper Electronic Reader Board College TV Monitors
 Word of Mouth Mailing Other:

6. Other programs/events/activities I would like to see at ACC:

7. I would be interested in volunteering for future programs. Yes No

If so, please complete the following:

Name

Phone

E-mail

Please return completed evaluations to the Student Activities Office, M2820. Thank you.