

# WILLISTON STATE COLLEGE EVENT EVALUATION FORM

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Event Organizer: \_\_\_\_\_

1. Rate the success of the event (1: not successful; 10: very successful):

1      2      3      4      5      6      7      8      9      10

2. What worked well?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Were there any unforeseen problems?                      Yes  No

If yes, how could we prepare better in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What would you like to see done differently if your event takes place here again?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Rate the quality of the food (1: poor quality; 10: great quality):

1      2      3      4      5      6      7      8      9      10

6. Rate the food selection (1: poor selection; 10: great selection):

1      2      3      4      5      6      7      8      9      10



Submit completed form to: Christopher Kadmas  
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