

SSUI Activity Evaluation Form

This form is intended to assist the SSUI Office in determining what type of programming is most positively received by our student population. The responses we receive from you will in no way affect your ability to request future programming nor will we limit your options; however, if you do not complete and submit this form in a timely fashion* your future activities may be postponed.

The information gathered will assist SSUI in providing our residence hall staff with programming ideas. This information will be shared with the residence hall staff so you may plan accordingly. **Please copy the Title of Activity from your *Activity Planning Request Form* so we can match requests with outcomes in our analysis.**

Please print or write legibly.

Individual (SSUI staff) Facilitating Activity: _____

Other Individuals Involved: _____

Title of Activity: _____

Day & Date of Activity: _____ **Start Time:** _____ **End Time:** _____

Location of Activity: _____

Anticipated Size of Audience: _____ **Actual Number of Student Participants:** _____

Were Any of the Participants Non SSUI Students? YES NO If so, How Many? _____

What Was the Actual Cost of This Activity? \$ _____

Did You Go Over Budget? YES NO (A yes answer does not negatively impact future programming.)

Brief Description of the Activity: _____

Please Provide a Brief Assessment of Student's Response to Activity: (ie.: enthusiasm, enjoyment, apathy, left prior to end of activity, wanted more time, exc.)

Please Provide Your (and other staff members) Assessment of the Activity: (ie.: did the activity meet expectations, was the audience size too small/large, just right, what went well, what would you change, exc.)

* Please attach this form to an email to ssui@syr.edu or provide a hard copy to the SSUI main office within five (5) business days of the date your activity occurred.