

TAMPA ALUMNAE CHAPTER DELTA SIGMA THETA SORORITY, INC. ACTIVITY ASSESSMENT

Thank you for participating in this activity. In order to better meet future objectives, we need your feedback. Please take a moment to complete the assessment and return the form to the committee chairperson.

ACTIVITY _____
 PRESENTED BY _____
 DATE _____

LEGEND:

4 - EXCELLENT 1 - POOR
 3 - GOOD NA - NOT APPLICABLE
 2 - FAIR

		4	3	2	1	NA	COMMENTS
1.	How would you rate the activity overall?						
2.	Did the activity meet its concept (idea) and/or its objectives?						
3.	Did the activity meet your expectation?						
4.	Did the activity encourage individual participation or involvement?						
5.	Did the activity encourage team participation or involvement?						
6.	Did the activity encourage community participation or involvement?						
7.	How would you rate your support efforts to the activity?						
8.	How would you rate your organization or family support of the activity?						
9.	How would you rate the overall organization, planning, and preparation?						
10.	How would you rate the day/time of year the activity was presented?						
11.	How would you rate the involved length of time for the activity?						
12.	How would you rate the location of the activity?						
13.	How would you rate the management (leadership) of the activity?						
14.	How would you rate the communication of the management (leadership)?						
15.	Were the awards and participant recognition appropriate for the activity?						
16.	How would you rate the follow-up process to the activity?						
17.	What did you like most about the activity?						
18.	What did you like least about the activity?						

Additional comments and suggestions:

