Office of Student Life
Activity/Event Evaluation

Please help us create better Student Life programming. Your responses will be used to improve and create programming that best serves YOU, the student!

Event Name:
Date:
Campus:

1. How did you hear about this event?
(Please check all that apply)

- ☐ SL marketing (posters, fliers, bulletin boards, etc.)
- ☐ SL Team Member
- ☐ Counselor/Advisor
- ☐ Instructor
- ☐ Another ACC student
- ☐ ACC or Student Life website
- ☐ ACC Channel 19
- ☐ Student publications (Accent, Life4U, Student Handbook)
- ☐ Mail out (letters, post cards, email)
- ☐ Walk-by
- ☐ Other (please specify) _____

2. What time of day would you like to see events?

- ☐ Morning (7-9 a.m.)
- ☐ Mid Morning (9-11 a.m.)
- ☐ Afternoon (11 a.m.-3 p.m.)
- ☐ Mid Afternoon (3-5 p.m.)
- ☐ Evening (6-10 p.m.)

Please answer questions 3 to 5 as follows by circling the number that matches your response:

1 = *Strongly Disagree* 2 = *Disagree* 3 = *Neutral*
4 = *Agree* 5 = *Strongly Agree*

3. I enjoyed this event.	1	2	3	4	5
4. This event should be repeated.	1	2	3	4	5
5. I am satisfied with the food provided.	1	2	3	4	5
6. I will tell other students about this event.	1	2	3	4	5

7. What events/activities would you like to see on your campus?

Comments: _____

_____

_____

This event sponsored by ACC's Office of Student Life!

Student Activities

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STAC.018.0808