

# Post-Event Evaluation Form

Event Name:	
Event Date:	
Event Location:	

Rate the event on the following criteria:

Aspect/Criteria	Outstanding	Very Good	Satisfactory	Needs Improvement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which session or activity did you find most beneficial or inspiring?

Were there any challenges or areas that didn't meet your expectations?

Any additional comments or suggestions?