

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: Lindsee Reynen
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