



Office of Residence Life RA Program Planner and Evaluation

Program Dimension:

- Social
- Educational
- Service

Program Title _____

Program Date ____/____/____ Location _____

Program Time _____ AM / PM Submitted by _____

Program Description _____Guest speaker/presenter Yes No Name of presenter _____**Program Goals:****Describe the need(s) this program addresses for residents:**_____

_____**Program Requirement(s) met** (check all that apply):

- Monthly program
- Planned w/another hall
- 1st 3 weeks of semester

Budget Requested:

- Decorations \$ _____
- Advertising \$ _____
- Food \$ _____
- Admission \$ _____
- Gift card(s) \$ _____
- Supplies \$ _____
- TOTAL** \$ _____

Supervisor Approval

Date received: ____/____/____ Initials: _____

Approved to proceed: Yes No need to discuss

Supervisor Comments:

Planning Checklist (to do):

- Food Service contacted (if food)
- Space reserved Handouts
- Publicity ready Invitations
- Prepare thank you card(s)

Program Summary Information (to be completed and submitted within 48 hours after the program to count)

Actual attendance: # of students: _____ # of staff: _____ # of faculty: _____ Actual Cost: \$ _____

Overall resident response: Poor Fair Good Excellent

Was the program successful? Why or why not? _____

What would you change about the program for the future? _____

Would you recommend this program be repeated? Recommend Recommend with changes Do Not Recommend

Please include additional comments and suggestions on reverse side if needed.