

e. Post Event / Activity Feedback Form

(To be used post-event for evaluation/self-evaluation and submitted to the Office of Student Experience)

Activity / Event Name		
Date		
Venue		
Please rate the following aspects of the event/activity:		
<p>1. Overall satisfaction with the event:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	<p>5. Venue and facilities:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	
<p>2. Relevance and usefulness of the content presented:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	<p>6. Timing and duration of the event:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	
<p>3. Quality of the speakers/presenters:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Not Applicable	<p>7. Overall communication and promotion of the event:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Not Applicable	
<p>4. Organisation and logistics of the event:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	<p>8. Any suggestions or improvements for future events:</p>	
Details of the Management Team		
Provide details of all the team members who managed the activity/event.		
Name and Student ID	Position	Roles & Responsibilities