

**SHEPHERD UNIVERSITY – RESIDENCE LIFE  
COMMUNITY DEVELOPMENT - PROGRAM EVALUATION**

R.A.: \_\_\_\_\_

Hall: \_\_\_\_\_

**Program Category:**

**“Have To”:** \_\_\_\_\_ **Diversity Education**  
\_\_\_\_\_ **Alcohol/Drug Education**  
\_\_\_\_\_ **Community Service**  
\_\_\_\_\_ **Weekend Program**

**Other Program Category:** \_\_\_\_\_  
(please list category here)

**Title of Program:** \_\_\_\_\_

**Program Date:** \_\_\_\_\_ **Location of Program:** \_\_\_\_\_

**Total # of Attendees:** \_\_\_\_\_ **#Residents from your Hall**  
\_\_\_\_\_ **# Residents from other Halls**  
\_\_\_\_\_ **# Non-Residents**

**Program Assessment Forms Completed?** ( ) Yes – please attach ( ) No

**\*If student assessment forms were completed, please include student feedback in the section below.**

**Program Strengths:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Program Areas to Improve:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Did you remember to attach...** ( ) **Assessment Forms**  
( ) **Copies of Advertising – if applicable**  
( ) **Program Attendance Sheet**  
( ) **Any Receipts (if applicable)**

**RA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisor Use Only

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Point Awarded:** \_\_\_\_\_ **Regular** \_\_\_\_\_ **Bonus** \_\_\_\_\_ **TOTAL**

Revised 06/09

