UNIVERSITY OF NOTRE DAME | 2009-2010 HALL PROGRAMMING INITIATIVE

HALL PROGRAMMING EVALUATION FORM

INSTRUCTIONS:

1. **Please type the following information and print the page.**
2. **Bring in this printed sheet and supporting documentation (receipts) to:**
   Kathleen O'Leary, 305 Main Building (for educational, non-social programs)
   Peggy Hnatusko, 315 LaFortune Student Center (for social programs)
3. **Your residence hall's holding account will be reimbursed for approved expenditures.**

Type of Program (please check one): ☐ **Social** ☐ **Educational**

Name of Residence Hall: _____ Person Submitting Evaluation: _____

Co-Sponsoring Halls: _____

Title of Program: _____ Date of Program: _____

Location: _____ Total # of Participants: _____

On a scale of 1-5, how would you rate the **effectiveness** of the program?

☐ 5 (high) ☐ 4 ☐ 3 ☐ 2 ☐ 1 (low)

In the space below, please provide a brief evaluation of the program:

BREAKDOWN OF EXPENSES (please list each receipt individually)

Description	**Cost**	**Vendor/Source**	**Method of Payment** (Procard, charge, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	_____	**TOTAL EXPENDITURES**	

NOTE: All reimbursements will be made to your residence hall's holding account.
Copies of receipts are acceptable.

WHEN FINISHED, CLICK HERE TO PRINT