

**PLEASE RETURN THIS FORM
TO THE EVENT ORGANIZER**



This section to be completed by event organizer only.
Project Title:
Grant Number (if applicable):

AUDIENCE EVALUATION FORM

Please take a moment to give us your feedback on this event. It will help both the sponsor and the Hawai'i Council for the Humanities (HCH) to improve our public programming.

Program Title:
Date:

How did you learn about this program? (Check all that apply.)

- Newspaper Flyer Friend HCH Website Other _____

Please check the box that best describes your experience today:

	Excellent	Good	Average	Poor
Presenter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audience Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the box that best describes your opinion about today's program:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I learned something new today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic was interesting and thought-provoking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program made me want to know more about the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The discussion was open and respectful, encouraging alternative points of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The discussion was informative and engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of this program, my views and opinions about the topic have changed or are now better informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment below on any aspect of today's program: (Continue on back of this form, if needed.)