# How Did It Go?

*activity evaluation sheet*

**Instructions:** Completed after an activity to evaluate how it went, record participants' responses, and make any recommendations for the next time the activity is presented.

**The Activity:** _____ Date: _____ Scheduled time: _____ Location: _____

Staff facilitator/person responsible: _____
Present throughout the activity? Yes ☐ No ☐ If no, reason: _____

Did the activity begin on time? Yes ☐ No ☐ If no, reason: _____

Did the activity last for the scheduled amount of time? Yes ☐ No ☐
If no, reason: _____

Were there any problems before, during, or after the activity? If so, explain.

Any comments by participants – positive or negative?

_____
_____
_____

Any recommendations for next time?

_____
_____

Who came? (Number _____)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

**Completed by:** _____ *(signature)* Date: _____

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❒ There's more information on the back.