



GOGEBIC
COMMUNITY COLLEGE



**EVENT TECHNICAL
EVALUATION FORM**
(TO BE COMPLETED BY EVENT REQUESTOR)



**Academic
Quality Improvement
Project**

The Higher Learning Commission NCA

Name: _____

Group: _____

Event: _____

Date of event: _____ Room: _____

Room:

Comfortable temperature? _____

Comfortable seating? _____

Adequate Lighting? _____

Signal reception:

Clear video? _____

Clear audio? _____

Stable signal? _____

Technical Assistant?

Aloof? _____

Haughty? _____

Nerd-ish? _____

Rude? _____

Didn't even stay (was multi-tasking) _____

Would you do this again? _____

What, if anything, could be done to improve your event experience?

(PLEASE RETURN THIS FORM TO WALT AS SOON AS FEASIBLE AFTER THE
EVENT – HE WILL HOUND YOU FOR IT IF YOU DON'T)