Wellness Event Evaluation Form

Are you a … : _____USC Staff _____USC Faculty _____USC Student If student, what program are you in? _____ _____Other:

How did you find out about this program? _____Email _____Website _____ Word of Mouth _____Other:

Please rate the program in these areas: (1 being poor and 5 being excellent)

Quality of Program 1 2 3 4 5

Value of Program 1 2 3 4 5

How did you benefit from attending this program?

_____

_____

Overall comments about the program?

_____

_____

Please list your ideas for future programs on campus?

_____

_____

Thank you and we hope to see you at future events!

Eric Cohen Student Health Center of USC
Keck Medicine of USC

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