

Local Energy Co-op Event Evaluation Form

Event Name

Event Date

Your Name

How would you rate the event overall?

☐

1

☐

2

☐

3

☐

4

☐

5

How satisfied were you with the following? Venue

Organization

Content/Presentations

What did you like most about the event?

How could the event be improved?

Suggestions for future topics or activities

Other comments