

Touro University California College of Pharmacy

Student Organization Event Evaluation Form

Student Name: _____

Class of: _____

Organization: _____

Position: _____

Activity/Event: _____

Date of Event: _____

Touro Sponsored Event? _____

Interprofessional event? _____

Target Audience		# Patients screened	
		# Student volunteers	
Services provided		Total hours of event	
		Total \$ spent	
Other club collaborators		Estimated # of hours project planning (break down)	
Names of volunteers		# of sharps containers transported	
		Name of individual who transported sharps	
Faculty/Staff/Preceptors present (provide contact info)			
Promotional material used			
Synopsis of event			
Suggestions for future events			

Please complete this form and email to COP Student Services no later than 1 week after event.