

Name of Event:

PARKS AND RECREATION DEPARTMENT

QUINLAN COMMUNITY CENTER
10185 NORTH STELLING ROAD • CUPERTINO, CA 95014-5732
TELEPHONE: (408) 777-3120 • FAX: (408) 777-1305
CUPERTINO.ORG

Post-Event Assessment

Youth & Teen Programs

Date of Event:		
Organization(s	s):	
	PLANNING	
	Committees, if any, may give individual debriefs here.	
1. How d	lo you feel planning for the event went?	
	e have enough meetings to discuss? How would you improve planning	
meetin	·	
3. How w	vas the communication from City staff? Did you get what you need?	
3/ 4		
Your Answer:		
OUTREACH		
4. Did we	e use our marketing platforms to their fullest potential? Why or why not?	
	ere any marketing resources we did not use which we can use next time?	
	vas our marketing timeline?	
	did you do to share the event?	
Your Answer:		



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EVENT DAY

Committees, if any, may give individual debriefs here.

- 8. Overall, how did the event run?

9.	Did the original plan change? If so, were the last-minute changes something we	
	can anticipate or change for next year?	
10.	Did we have enough supplies?	
11.	Did we have enough staffing and volunteers?	
12.	Did we receive any community feedback? What was your perception of their	
	enjoyment?	
Your Answer:		
	OVERVIEW	
13.	Did we meet our event's objectives? Why or why not?	
14.	What resources (technological, personal, partnerships, human) can we use next year?	
15.	Have you received any event feedback from your peers?	
	Can we improve our event's goals and values? How?	
	What do you believe was successful or worked well?	
	What improvements can we make for next year?	
	Would you do this event again?	
	Overall, how do you think the event went?	
Your A	nswer:	