

**Date Submitted:**12/04/2018 16:58  
**Submitted by:**HANSINI APPAJALA

**Date Approved**18/04/2018 16:54  
**Approved by:**MADELEINE ABORN

## Assessment Form

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### Assessment Details

**Welcome to the Assessment Form.**

The Students' Association, Wilson Commons Student Activities, the Interfaith Chapel, the Rochester Center for Community Leadership, and Athletics and Recreation Club Sports aim to support an organizational system that allows students to pursue their interests in ways that promote community on the River Campus.

The Assessment Form serves to encourage student organizations to reflect honestly on their programs, physical contributions, community service, publications, initiatives, services, and providing entertainment. These Community Contributions are one of the principles to being a student organization. A thorough Assessment Form can provide invaluable direction and insight to future leadership of your organization.

The Assessment Forms are reviewed by the SA, WCSA, Interfaith Chapel, RCCL, and Club Sports in conjunction with the Student Organization Annual Review (SOAR), collected every February, to better advocate for and serve SA organizations.

Any feedback you give to service providers (i.e. Public Safety, Facilities, etc.) will go directly to those offices.

- **Note:** Once approved you, the submitter, must upload the Assessment Form to your organization's document tab. The Assessment Form does not automatically link to your student organization.

**Please select the Student Organization being Assessed:**

Forte Campus

**Please select the Student Organization's Primary Advisor:**

Madeleine Aborn

**Please select the Assessment type:**

***Bar nights, formals, happy hours, and similar activities are classified as Events***

Event

**Did you have any expenses for this Activity?**

No

**What Service Providers/Resources did your organization manage?**  
***(check any that apply)***

Room Reservations

## Event Details

**Title of Event:**

LinkedIn Professional Headshots

**First day of Event: *(Enter as MM/DD/YY)***

04/06/2018

**Last day of Event: *(Enter as MM/DD/YY)***

***If single day Competition/Conference, please enter same date as above.***

04/06/2018

**Event Location:**

Rettner Studio

## Event as Hosting Organization

**Did your event include alcohol?**

No

**Were tickets sold for this Event?**

No

**What was successful about this Event?**

*(Think about costs, profits made, planning process, communication, advertising, cosponsors, good/reliable speakers, etc.)*

Great advertising, very good turnout, excellent photographer, planning process and organization.

**What changes would have made the event better?**

*(Think about costs, profits made, planning process, communication, advertising, cosponsors, good/reliable speakers, etc.)*

Time of the event coincided with an organization that had its E-Board election. Many of the people in this organization wanted to attend our event but couldn't because of the elections.

**Would you recommend doing this event again?**

*Please include why you chose your answer.*

Yes

**Was your event Co-Sponsored?**

No

**Please provide any additional feedback you may have:**

AKPsi members supported us by coming to our event but they were not co-sponsoring.

**Please remember to upload any notes or planning documents about this event to your organization's documents page.**

## Attendance

**What was the approximate Undergraduate Attendance?**

25

**What was the approximate Faculty/Staff/Graduate Student/Alumni attendance?**

3

**What was the approximate Community (non-university) attendance?**

*No Response*

**What was the total attendance?**

***(Add from above)***

28

## Feedback: Room Reservations

**Overall, how satisfied are you with your interaction with this Service Provider?**

Very Satisfied

**Overall, how satisfied are you with the results of this Service?**

Very Satisfied

**How satisfied were you with this Service Provider's system and process?**

Very Satisfied

**Was this Service Provider timely and responsive in dealing with your event needs?**

*(If you have any specific feedback, please add it in the text area.)*

Yes

**Were there any interactions with this Service Provider that stood out as being particularly positive or negative?**

*(If you have any specific feedback, please add it in the text area.)*

No

**Did you understand this Service Provider's expectations of your Student Organization?**

*(If you have any specific feedback, please add it in the text area.)*

Yes

**Please provide any additional feedback you may have.**

*No Response*