

## PROGRAM EVALUATION SURVEY

### “SAMPLE CHAPTER,” AMERICAN GUILD OF ORGANISTS Program Survey Example

#### I. Assessment of Chapter Events

*Please indicate your evaluations in the three areas noted, by circling a score from the scale 1-5 (1 being unsatisfactory, 5 being excellent) or 0 (for nonattendance).*

EVENT	QUALITY OF PROGRAM	CONTRIBUTION TO YOUR OWN INTERESTS	CONTRIBUTION TO COMMUNITY NEEDS	DIDN'T ATTEND
Sept.-Publicity Planning/Guest Speaker	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
Oct.-Recital/Featured Artist	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
Nov.-Hymn Festival/Session Leader	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
Jan.-Organ and Instruments/Guest Artists	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
Feb.-Guild Service	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
Mar.-Chapter Meeting	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
Apr.-Anthem Accompaniments	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0
May-Recital/Guest Artists	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	0

#### II. Future Programs

*1. Please rate the following program topics according to your own professional interests on a scale of 1-5 (5 being the most appropriate, 4 the next, etc.).*

\_\_\_\_ recitals by guest artists  
\_\_\_\_ recitals by chapter members  
\_\_\_\_ Guild service  
\_\_\_\_ organ playing/repertory workshops  
\_\_\_\_ organ building and design programs

\_\_\_\_ organ and instruments programs  
\_\_\_\_ choral music reading/workshops  
\_\_\_\_ choral concerts  
\_\_\_\_ professional development programs

2. Please rate the following program topics according to your view of the needs of the community (scale as above).

\_\_\_\_ recitals by guest artists  
\_\_\_\_ recitals by chapter members  
\_\_\_\_ Guild Service  
\_\_\_\_ organ playing/repertory workshops  
\_\_\_\_ organ building and design programs

\_\_\_\_ organ and instruments programs  
\_\_\_\_ choral music reading/workshops  
\_\_\_\_ choral concerts  
\_\_\_\_ professional development programs

3. What evening is best for you to attend Chapter events? \_\_\_\_\_

What evening is worst for you to attend? \_\_\_\_\_

4. Did you receive a Chapter Yearbook? \_\_\_\_ Yes \_\_\_\_ No  
(If no, and you would like to receive one, fill out the name and address blank below.)

5. What is the most important and worthwhile single goal that the "Sample Chapter" should strive to accomplish, in your view?

6. What has the Chapter failed to do that it should have done, in the last several years?

7. Are you currently a member of the "Sample Chapter?" \_\_\_\_ Yes \_\_\_\_ No

### III. Optional

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_