



**SOUTH DAKOTA
HUMANITIES COUNCIL**

**1215 TRAIL RIDGE ROAD SUITE A
BROOKINGS, SD 57006-4107**

Independent Evaluation

Not required for Grants \$1,000 and under

Program Name: _____ **Grant #:** _____

Sponsoring Organization: _____

Project Director: _____ **Program Date:** _____

Program Location(s): _____

Independent Evaluator: _____ **Title:** _____

(The Independent Evaluator should be knowledgeable on the topic,
but not involved in the planning or presentation of the project.)

1. List the participating humanities scholars and their discussion topics. Rate each speaker excellent (1), good (2), fair (3) or poor (4).
2. Was the program objective and well balanced? Explain your response.
3. In what ways did the audience participate?
4. Explain whether this program met your expectations. What changes might you suggest?
5. How did this program benefit those in attendance and the community?
6. Would you recommend that this project or similar ones be funded again by the South Dakota Humanities Council? Please explain your response.
7. Please include any additional comments or suggestions.