

# Student Activity Event Planning Worksheet



Boston University School of Medicine  
Office of Student Affairs

*\*This form will help you plan your event and not miss important steps. We highly recommend you use this checklist and save it for your end of year report. Remember, the earlier you plan, the better your event will be!*

Student Group : \_\_\_\_\_

Proposed event title: \_\_\_\_\_

Proposed event date: \_\_\_\_\_

<b>Planning your event</b>	
<b>1.</b>	<b>Goal:</b> Meet with your faculty advisor and group leaders to define main goal of your event and how it will benefit BUSM students, faculty/staff, and community members.
<b>2.</b>	<p><b>Note: If your event includes any of the following you must set up a meeting with Dean Polk and Amanda Kaufman before you begin planning:</b></p> <p> <input type="checkbox"/> Travel                        <input type="checkbox"/> More than 50 attendees                        <input type="checkbox"/> Estimated budget over \$500                        <input type="checkbox"/> Minors  <input type="checkbox"/> Non BUSM/BUMC attendees                        <input type="checkbox"/> Weekend events                        <input type="checkbox"/> After hours                 </p>
<b>3.</b>	<p><b>Event Type</b></p> <p> <input type="checkbox"/> Educational/Lecture                        <input type="checkbox"/> Entertainment (music, comedy, etc.)                        <input type="checkbox"/> Social Gathering                        <input type="checkbox"/> Workshop/Training                        <input type="checkbox"/> Other (explain) _____                 </p> <p>Please see permissions for the following: <input type="checkbox"/> Fundraiser    <input type="checkbox"/> Movie/Documentary/Film</p>
<b>4.</b>	<p><b>Target audience</b></p> <p> <input type="checkbox"/> BUSM Students                        <input type="checkbox"/> BUMC Students                        <input type="checkbox"/> Non BU Students  <input type="checkbox"/> Faculty                        <input type="checkbox"/> Staff                        <input type="checkbox"/> Outside Community members                 </p>
<b>5.</b>	<b>Collaboration:</b> Identify potential partners, other student organizations, or departments to collaborate with.
<b>6.</b>	<b>Date:</b> Check to see if date conflicts with campus events
<b>7.</b>	<b>Space:</b> Reserve space via 25Live and specify any AV needs.
<b>8.</b>	<b>Budget:</b> Define budget and funding sources.
<b>9.</b>	<p><b>Advertising:</b> <input type="checkbox"/> Submit PowerPoint slide to Student Affairs Office for LCD screens in the lobby.</p> <p> <input type="checkbox"/> Submit <a href="https://www.bumc.bu.edu/busm/student-life/student-life/student-activity-digest-submission/">Weekly Newsletter Submission</a> (<a href="https://www.bumc.bu.edu/busm/student-life/student-life/student-activity-digest-submission/">https://www.bumc.bu.edu/busm/student-life/student-life/student-activity-digest-submission/</a>) by 5:00pm on Wednesdays to have event advertised in the Weekly Student Activity Digest. <b>Do not use the list serv.</b> </p>

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## Pre-Event Checklist

- Confirm final estimated number of guests/participants for food and planning purposes.
- Ensure that all forms and documentation are turned into the appropriate parties (SCOMSA, sponsoring department, OSA)
- If applicable, confirm with your speaker.
- Confirm you have all supplies and decorations for the event.
- Finalize the event program. Do you have an event script? Speaker & bio & introduction? Event schedule finalized?
- Reminders: Facebook, Lobby Screens, Weekly Digest.
- Double check room reservation, set-up, and AV needs with the OSA.

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## Budget

Expenses	
Food	How many people do you expect? _____ Is this a BU Approved Vendor? _____ Vendor Name _____ *If vendor requires PO please contact a staff member in the OSA. What is the cost estimate? \$ _____
Decorations & Set-Up Supplies	Are you going to decorate? What can you borrow? What do you need to purchase?
Miscellaneous Expenses	Are there any other expenses associated with your event? What is the cost estimate? \$ _____
Funding Sources	SCOMSA <input type="checkbox"/> Wellness <input type="checkbox"/> Other <input type="checkbox"/>

Totals:

Expenses: \$ \_\_\_\_\_

-Ticket sales (if any) \$ \_\_\_\_\_

-Funding Sources (if any) \$ \_\_\_\_\_

= \_\_\_\_\_ \* amount group will have to cover to fund event

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## Event Evaluation & Reflection

Answer the following questions at a group meeting no later than 1 week after the event. Please save this document to include in your end of year report.

Did you meet your event goals? Yes  No

Top 5 things we did well for this event.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Top 5 ways we could improve.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Would we do this event again? Yes  No

How did this event allow us to grow as a group, as leaders, and as officers?

Roughly how many students/faculty/staff/community members attended this event? Did we reach anticipated attendance? Did we advertise as well as we could? Do we need to change any strategies?

### Reflection:

Did we present a professional program?

How did we support our mission, vision and goal through this event?

How does this event connect to the curriculum?

*\*Please save this form for your annual report\**