

## **Committee Program Evaluation**

Please submit this form within <u>two weeks</u> following event/program/fundraiser or at the end of year for all year proto the member of the PTSA Board of Directors responsible for the copy for the program notebook.	grams. Return this form ne program and retain one	
	Date:	
Event/Program Name:		
Facilitator:		
Current Lead/Chair:	Contact Information:	
How many hours did you spend as the Chair for this event/program?		
What additional volunteers (people & hours) are needed for this event/program?		
Were volunteer needs met for the program?   Yes   No Explain:		
How is this program best led/chaired? ☐ Single Ch	nairperson   Co-Chairpersons   Committee	
Would you be willing to chair this event/program again next year? Y/N		
Or, can you recommend a replacement chair?		
Participants (where applicable):		
Estimated (Actual) Number of participants/people in attendance (if multiple events list by event or average attendance):		
Estimated Cost per Participant:	Program Funded by: □ PTSA □ District □ Participant	



Purpose: (use back of form for additional comments)	
Program Description:	
Objective/Goal:	
How was the Objective measured?	
Was the Objective met in the current year?	
What didn't work well?	
	the following year? Y/N Why?
How can PTSA better support this program?	
Budget:	
Current Year Budgeted Expense:	Current Year Budgeted Income:
Actual Cost of Program (Expense):	Actual Program Income:
Proposed Cost of Program (Expense):	Proposed Program Income: