Committee Program Evaluation

Please submit this form within **two weeks** following completion of the event/program/fundraiser or at the end of year for all year programs. Return this form to the member of the PTSA Board of Directors responsible for the program and retain one copy for the program notebook.

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 Chairperson ☐ 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 worked well? _____

_____

What didn't work well?_____

_____

What changes would you suggest for next year? _____

_____

Do you think this program should be renewed for 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:** _____