Committee Program Evaluation

Date: ____________________

Event/Program Name:

Program Chair Name:

Contact Information (email/phone): ____________________________

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? Yes No

If no, 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 to the PTA, per participant: ____________________________
Purpose: (use back of form for additional comments)

Program description:

Objective/Goal of program:

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 next year?  Yes  No

Why or why not?

How can PTA better support this program?

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**Budget Summary:**

Current Year Budgeted Expense: _________________

Current Year Budgeted Income: _________________

Actual Cost of Program (Expense): _________________

Actual Program Income: _________________

Proposed Future Cost of Program (Expense): _________________

Proposed Future Program Income: _________________