

Activity Evaluation Form

Partners

School: _____ Business: _____

School Partnership Coordinator Name: _____

Phone: _____ E-mail: _____

Community Entity Partnership Coordinator Name: _____

Phone: _____ E-mail: _____

Activity Information

Name of activity: _____ Date of activity: _____

What worked well? _____

What needs to change to make the activity or objective more successful in the future? _____

Did this activity meet our objective? (Why or why not?) _____

Specific target groups involved: _____

Number of people involved in your target groups: _____

Is there need for additional participants? _____ How many? _____

Who needs to be involved? _____

Volunteer Resources (hours) _____ Monetary Resources (\$ amount) _____

Other Resources (please list): _____

Grant programs or other sources (please list): _____

