

# Program Evaluation Report Form

## Program Information:

- Program Name: \_\_\_\_\_
- Program Start Date: \_\_\_\_\_
- Program End Date: \_\_\_\_\_
- Evaluator Name: \_\_\_\_\_

## Evaluation Criteria:

Criteria	Rating (1-5)	Strengths	Recommendations
Program Objectives Met			
Resource Utilization			
Participant Engagement			
Learning Outcomes			
Timeliness of Delivery			
Cost Efficiency			
Stakeholder Feedback			
Long-Term Impact			

**Overall Recommendations:**

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**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_