



Program Evaluation Form

Congratulations! Your program/event has ended. Please complete this form with as much detail as possible within 2 weeks of your program/event ending. Your feedback will help us to improve on this program/event next year and help train future chairs. Completed forms can be emailed to volunteer@ivepta.org or delivered to the Volunteer Coordinator mailbox in the IVE Copy Room.

Program (Event/Activity etc.) Name: _____

Date of Program/Event: _____ Location: _____ # of Attendees: _____

Chair's name: _____

Budget:

Budget Amount: _____ Amount Spent: _____ \$ Profit or Loss: _____

Were any in-kind donations received? If so, what? _____

Why do you believe you were under or over budget? _____

Vendors Used (Include Names and Contact Info): _____

Have you turned in receipts for reimbursement? _____

Volunteers: How many volunteers did you have? _____ How many volunteers did you need? _____

Names of all volunteers who helped with the program/event: _____

Supplies: *Leftover supplies (excluding food) may be stored in the PTA closet, nicely grouped together and labeled.*

What supplies/items were purchased? _____

What supplies were donated? _____

Contracts: Was a contract required? ____ (If yes, please attach a copy of the contract)

