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): ______________________________

__________________________________________________________