

Event Evaluation

Committee Name: _____

Committee Chair(s): _____

Event dates: _____

What were the highlights of this event?

Would you recommend the PTSA repeat this event next year?

Why or why not? _____

What are the three things you would NOT change?

What are the three things you WOULD change?

What was your budget for this event? _____

What were the actual expenses of this event? _____

Was there income? Yes No If yes, how much? _____

What was the projected income for this event? _____

Suggestions for next year:

Please include your volunteer list on the back of this form.

This evaluation is requested for the first board meeting after your committee's event. If you are unable to attend the meeting, please submit your event evaluation via email: president@lwptsa.org cc:secretary@lwptsa.org. Thank you.