

UNIT EVALUATION  
PROGRAM/FUNDRAISING/SERVICE

NAME OF UNIT:

PROGRAM       FUNDRAISER       SERVICE PROJECT

**PROGRAMS**

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

Program Name: \_\_\_\_\_

Cost: \_\_\_\_\_

Subject: \_\_\_\_\_

Length: \_\_\_\_\_

Program Provider: \_\_\_\_\_ Contact Name: \_\_\_\_\_

PTA Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

General Description of Program:

\_\_\_\_\_

\_\_\_\_\_

General Response (students, teachers, parents)

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

**SCHOOL SERVICE PROGRAM**

Name of Service Program: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

Subject: \_\_\_\_\_

School Contact or Coordinator: \_\_\_\_\_

PTA Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

General Description of Service Program:

\_\_\_\_\_

Volunteer Staffing/Time Requirements:

Comments:

\_\_\_\_\_

**FUNDRAISERS**

Fundraising Chairman: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose/Objective: \_\_\_\_\_

Financial Goal \$: \_\_\_\_\_ Was goal met? YES NO

Fundraising Company

Used: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Was the company helpful in assisting your PTA with it's program? YES NO

Were the employees courteous and helpful? YES NO

Would you recommend this fundraiser to other PTA's? YES NO

Description of this fundraiser:

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What did you like best about this fundraiser?

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What did you like least about this fundraiser?

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What kind of promotional materials did you use for the fundraiser?

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How much time was involved? How many volunteer hours did you need?

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If products were involved, what is your opinion of the quality of the products sold?

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