

Carriage Crest PTSA

2008 – 2009 Committee Evaluation Report

Completing this report transfers important knowledge and information to future Executive Committee Members and Committee Chairs. Please send a copy to the PTSA President and keep an original in your notebook.

Position/Committee or Name of Event/Task: _____

Name: _____ Phone Number: _____

Graduation Year: _____ Date: _____ Email: _____

(We want to be able to contact you only while you are a parent at Carriage Crest.)

1. How do you feel about the accomplishments your committee has made? Did you set goals?
 Yes No If yes, please state those goals.

2. Did you have enough support to accomplish your goals or plans? Yes No
Volunteers Yes No **Materials** Yes No **Resources** Yes No
Money Yes No **Other:** _____

3. What feedback would you pass on to the next person that takes on the position or committee?

- What information do you want to pass on about scheduling or timing?
- Who are the important contact names and phone numbers?
- What important information would you pass along about your event or activity?

