



COMMITTEE EVALUATION

School Year _____

Committee: _____

Chairperson: _____ Phone: _____ Email: _____

Co-Chairperson(s): _____

Date of Event or Program: _____

Estimated Time Commitment for Chairperson: _____

How many volunteers were on this committee and their time commitment? _____

How many volunteers would you recommend for the activity next year? _____

Would you like to serve as this committee's chairperson next year? Yes No

Please note: At the end of two consecutive years in a chair position, that position will be opened to the general membership. If there is no interest from the general membership in filling that position, the previous chair may serve an additional year.

If no, is there anyone that you would recommend to chair next year? _____

For this school year, your committee was assigned a budget of:

Budgeted Income: \$ _____

Budgeted Expenses: \$ _____

Actual expenses paid for this school year:

Actual Income: \$ _____

Actual Expenses: \$ _____

Indicate the budget amount you feel your committee will need to operate next year:

Income: \$ _____ Expenses: \$ _____

Please briefly explain why you feel the need for such an amount:

Please note and explain any additional information or items that you would like to be considered in the PTSA budget:

Please provide a description of your committee:

Please identify the responsibilities and duties of your committee:

Please identify the responsibilities of the Chairperson:

Please provide any recommendations or suggestions that will help improve the program/activity next year:

Please provide any additional comments:

Please return via email or leave in the PTSA office. Thanks in advance for your help.