

School Service Program* Evaluation Form

Name of Unit _____

Name of Service Program _____

Date(s) of Service Program _____

Subject _____

School Contact or Coordinator _____

PTA Contact _____ Phone _____

General Description of Service Program _____

Volunteer Staffing/Time Requirements _____

Comments _____

**Please make two copies:
Submit one copy to Council;
Keep the other in your Program's Procedure Book.
Attach copy of fliers, invitations, etc.**

**Programs include (but are not limited to) school pictures, hearing and vision screening, child I.D. programs, and other school-run, volunteer staffed activities.*