

Unit Program Evaluation

PTA programs only

Do not include school service projects or fund raisers.

Name of Unit _____

Name of Program _____

Date(s) of Program _____ Cost _____

Subject _____ Length _____

Program Provider _____

Company Contact _____ Phone _____

PTA Contact _____ Phone _____

General Description of Program _____

General Response (*students, teachers, parents*) _____

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.

I would like this program considered as an *SCV Council PTA Program-to-Go*.