Cluster SIPS Programming Summary and Evaluation

****** (Due to Community Director within 48 hours of event date) *******

Program Title:

Program Date:

Organizer Name (s):

On a scale of 1-5, (1= least successful, 5=most successful)…how successful was the program?

1   2   3   4   5

Describe your reason for the above ranking:

Actual cost of program:

Actual Attendance:

Final participant List (if requested):

Suggestions for improvement: