**Delta Sigma Theta Sorority, Inc. Saginaw Alumnae**

**Program Evaluation for Committee Chairperson**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select 5-Point Programmatic Thrust for this event:

Economic Development

Educational Development

International Awareness and Involvement

Physical and Mental Health

Political Action

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe program purpose:

Describe program outcome:

Cost of event:

Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Variance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of participants: Community: \_\_\_\_\_\_\_\_\_\_ DST Sorors: \_\_\_\_\_\_\_

Total numbers of participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group Served:

0-10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11-18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

19-55 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

56+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of service hours: (Sorors x number of hours served)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ongoing Program: Yes ( ) No ( )

Additional Feedback:

Program Chairperson complete and submit to bharge@charter.net following the event.