

COLUMBIA COMMUNITY CENTER OF SDA

EVENT PLAN/PROGRAM EVALUATION FORM

**EVENT PLAN**

Date of Event: \_\_\_\_\_

Ministry/Department: \_\_\_\_\_

Event Description: \_\_\_\_\_

Target Audience: \_\_\_\_\_

(E.g. Non Adventist, Youth, Adventist Parents, etc)

Anticipated Number of Attendees: \_\_\_\_\_

**Items Needed: (Itemized):**

**Cost:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**TOTAL BUDGET**

\_\_\_\_\_

**EVALUATION**

Number of Attendees \_\_\_\_\_ (Target Audience) \_\_\_\_\_

Did meeting begin on time? \_\_\_\_\_ (Y/N) If not, how late? \_\_\_\_\_ (in minutes)

Did members support the event? \_\_\_\_\_ (Y/N)

How many members attended? \_\_\_\_\_ How members participated? \_\_\_\_\_

What went well at the event/meeting?

Positives:

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What went wrong at the event/meeting?

Challenges:

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Did this event/ministry meet the goals? \_\_\_\_\_ (Y/N)

Which Strategic/Annual goals did this event meet/or contribute to?

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Would you plan a similar event in the future? \_\_\_\_\_ (Y/N)

What would you change and/or do differently?

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Actual Cost of Event: \_\_\_\_\_

Name of Ministry Leader/Reporter: \_\_\_\_\_

Be prepared to discuss with your committee and present at board meeting when departments/ministries provide reports.