

PROGRAM EVALUATION FORM

Program: _____

Person (s) Responsible: _____

Number of Employees: Certified _____ Support Staff _____

Number of Students Enrolled/Participating in Program: _____

Program Required by: Board of Education _____ State _____ Federal _____

Program Costs (optional): _____

Goals (s):

Objectives (Can it be measured with data):

Evaluation Criteria (What gauges success?):

Procedures used to evaluate the collected data:

Who collects the data? _____

Who reports the data? _____

Who analyzes the data? _____

Success of program based on the data (benefits):

Analysis of effectiveness (may also include a comparison of cost to benefits);

Recommended changes needed to achieve the goals and objectives of the program:

Action to be taken (may be included in the CSIP if deemed critical):

Changes made (follow-up to last evaluation):

Date presented to the Board of Education: _____