

Program Planning Tool and Evaluation Form

PROGRAM: _____ COORDINATOR: _____

Description: _____

_____This program is a:

- ☐ Special Event
- ☐ Foundation Event
- ☐ Sports Program which meets _____ hours/day _____ times per week for _____ weeks per session
- ☐ Structured Class or Activity which meets _____ hours/day _____ times per week for _____ weeks per session
- ☐ Trip day(s)
- ☐ Special Olympics Area Eleven
- ☐ Partnership (where PRT is not the lead agency)

Program Location (s): _____

Program Partner(s): _____

Target Customer(s): _____

Goal(s)/Issue(s): _____

Intended Outcome(s): _____

Competitor(s): _____

Additional Information:

CHECK ALL THAT APPLY IN EACH CATEGORY BELOW:

VISION PLAN Mission Targeted:

- ☐ Strengthen Community Image and Sense of Place
- ☐ Support Economic Development
- ☐ Strengthen Safety and Security
- ☐ Promote Health and Wellness
- ☐ Foster Human Development
- ☐ Increase Cultural Unity
- ☐ Protect Environmental Resources
- ☐ Facilitate Community Problem Solving
- ☐ Provide Recreational Experiences
- ☐ Create Fun and Celebration

Rock Hill STRATEGIC PLAN Impacted:

- ☐ Maintain Service Capacity
- ☐ Long Term Plan for Economic Dev.
- ☐ Financial Management Plan
- ☐ Public Safety
- ☐ Management of Growth
- ☐ Quality of Government
- ☐ Communication

RESOURCES Needed:

- ☐ Funding
- ☐ Training
- ☐ Staff
- ☐ Volunteers
- ☐ Technology
- ☐ Partners/Sponsors
- ☐ Other City Depts.
- ☐ Registration
- ☐ Marketing
- ☐ Sp. Program Checklist
- ☐ Sp. Event Checklist

Special Marketing Needs:Additional Benefits of the Program:



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Appendix ____

PROGRAM: _____ COORDINATOR: _____

Program Dates: _____ Weeks per Session: _____ Number of Sessions: _____

PROGRAM OUTCOMES:

Total Registration = _____ or (_____ City Residents + _____ Non-City Residents)

Volunteers = _____

Spectators = _____

Were program goals met? ☐ YES ☐ NO

Why or Why Not? _____

Programmer Evaluation: _____

Programmer Recommendation for Future: _____

Summary of Participant Evaluation Comments: _____

☐ Cost-To-Serve Analysis Attached

☐ Summarized Evaluation Form Attached # _____ returned/ # _____ distributed

☐ Special Event Checklist or Special Program Checklist Attached (if applicable)

REVIEWED BY:

Supervisor: _____ Date: _____

Division Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Participation Formula:

(_____ Reg x _____ Times/Week x _____ Weeks) + (_____ Spec x _____ Times/Week x _____ Weeks) = _____ Total Participation