

St. Michael School
Light the World
Project Evaluation Form

Key Information: (To be completed by Coordinators, send copy to Light the World Chairperson, put copies in teachers' and coordinators' binders)

Grade _____ Class _____

Project Name: _____

Date(s) of Event: _____

Recipient Organizations/Key Contacts:

Description of Student Activities for Event:

of Students Participating: _____

Description of Parent Volunteer Activities for Event:

of Parent Volunteers: _____

Project Results:

Things That Went Well:

Suggestions for Improvement Next Year:

Project Coordinators:

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____