

Newcastle Elementary PTSA



Parent Teacher Student Association

2015-2016: Healthy Kids, Healthy Community

PTSA Committee Evaluation

Committee: _____ Date of Event/Program: _____

Chairperson: _____ Phone: _____

Email: _____

Chairperson: _____ Phone: _____

Email: _____

Committee Description:

Chairperson responsibilities:

Estimated Time Commitment for Chairperson (weekly/monthly): _____

How many volunteers were on this committee and their time commitment?

How many volunteers would you recommend for next time? _____

Would you like to serve as this committee's chairperson for the 2015-2016 school year? YES NO

(Please note: At the end of two consecutive years in a chair position, that chair position will be opened to the general membership. If there is no interest from the general membership, the previous chair may serve an additional year.)

If not interested in serving as chairperson, are there any volunteers that you would recommend to chair next year? _____

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For the 2014-2015 school year, your committee was assigned a budget of:	Actual expenses paid for the 2014-2015 school year:
Budgeted Income: \$	Actual Income: \$
Budgeted Expenses: \$	Actual Expenses: \$

Indicate the budget amount you feel your committee will need to operate in 2015-2016:

Income \$ _____ Expenses \$ _____

Please briefly explain why you feel the need for such an amount:

Also, if there is any additional information or items you would like the committee to consider in the PTSA budget, please list those below and why:

Recommendations for next year and suggestions/input for things that could have made your job easier this year:

Any additional comments – please also use back if more space is needed.

Please return via email or leave in the PTSA office. Thank you for all of your help!