

PARKS, RECREATION AND CULTURAL ARTS DEPARTMENT

PRCA - PROGRAM EVALUATION WORKSHEET

Program Evaluation

Use this worksheet to evaluate the product at the conclusion of the program. Use actual expense and enrollment information, along with evaluation responses, information from the product plan and RecTrac to complete the form. If any items scores below the stated objective, recommedations and notes should be included. When applicable, include data from previous sessions/years to help create recommendations

| | | | | | | Core Information | | | | |
|-----------------------------|-------------------------|------|---------|--|-----------|----------------------|---------------|---------------|------------------|-------------|
| Program Name | Example Fitness Program | | | | am | Season | Sp | oring | Date | |
| Activity Number | | | | | | Year | 2 | 022 | - | |
| | | | | S | ection(s) | | | | - | |
| | | | | | En | rollment Evaluation | | | | |
| Did participation Meet | : Expectatior | ıs? | | | | | | | | |
| | Droiosto | L | | | | I . | atual (all ca | ationa) | | |
| Projected Minimum Count: 12 | | | | Actual (all sections) Actual Enrolled: 0 | | | | | | |
| Maximum Count: | 20 | | | | | Waitlisted: | 0 | | | l |
| | Enrolled | | Fee | R | evenue | waitlisteu. | Enrolled | Fee | Revenue | |
| Resident: | 5 | \$ | 40.00 | \$ | 200.00 | Resident: | Linoica | \$ - | \$ - | |
| Non-Resident: | 1 | \$ | 50.00 | \$ | 50.00 | Non-Resident: | | \$- | ÷ - | |
| Resident Early Bird: | 5 | \$ | 36.00 | \$ | 180.00 | Resident Early Bird: | | ; \$- | \$ - | |
| , Non-Res Early Bird: | 1 | \$ | 45.00 | \$ | 45.00 | Non-Res Early Bird: | | \$- | \$- | |
| Res CIL Member: | 0 | \$ | - | \$ | - | Res CIL Member: | | \$ - | \$ - | For CIL |
| Non-Res CIL Member: | 0 | \$ | - | \$ | - | Non-Res CIL Member: | | \$- | \$- | program use |
| - | Projected | l Re | evenue: | \$ | 475.00 | | Actual | Revenue: | \$- | |
| Total # sessions planne | d: | | 2 | | | Total # se | ssions held: | | | |
| | | | | | | | | | | |
| | | | | | | xpense Evaluation | | | | |
| Actual Sup | ply Expense | S | | | | | al Personne | l Expenses | | |
| ltem | | / | Amount | 1 | | Staff | Rate | Hours | Total | 1 |
| | | | | | | | | | \$0.00 | |
| | | | | | | | | | \$0.00 | |
| | | | | | | | | | \$0.00 | |
| | | | | | | | | | \$0.00 | |
| | | | | | | | | | \$0.00 | |
| | | | | | | | | | \$0.00 \$0.00 | |
| | | | | • | | | То | tal Personnel | | |
| | | | | | | ۵ct | tual Other E | | Ş0.00 | |
| | | | | | | | tem | лрепзез | Amount | |
| | | | | 1 | | | | | , ano and | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| To | tal Supplies | • | \$0.00 | 4 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | Total Other | \$0.00 | - |
| Total Direct Expenses | | | | | \$0.00 | | | | | |
| Total Indirect Expense | | | | | | | | | | |

| | Fin | ancial Evaluation | |
|------------------------------------|----------|---|-------|
| you meet your revenue projection? | No | Was your program financially successful, based on VBF | ? Yes |
| Planned Units of Service | Actual L | Jnits of Service | |
| 24 | | 0 | |
| | <u> </u> | | |
| Projected | | Actual | |
| Projected Direct Expenses: \$ | 431.58 | Actual Direct Expenses: \$ - | |
| Projected Indirect Expense: \$ | 25.89 | Actual Indirect Expenses: \$ - | |
| TOTAL PROJECTED EXPENSES: \$ | 457.47 | TOTAL ACTUAL EXPENSES: \$ - | |
| rojected Value-Based Recovery: \$ | 388.85 | Actual Value-Based Recovery: \$ - | |
| Projected Sponsorship \$: \$ | - | Actual Sponsorship \$: | |
| Minimum Enrollment Revenue: \$ | 475.00 | Actual Enrollment Revenue: \$ - | |
| Projected Total Revenue: \$ | 475.00 | Actual Total Revenue: \$ - | |
| Projected Net Over VBR: \$ | 86.15 | Actual Net Over VBR: \$ - | |
| antitative Evaluation Notes: | | | |
| antitative Evaluation Notes: | Qua | litative Evaluation | |
| nned Goals and Obj <u>ectives:</u> | Qua | litative Evaluation | |
| | Qua | litative Evaluation | |
| nned Goals and Objectives: | Qua | litative Evaluation | |
| nned Goals and Objectives: | Qua | litative Evaluation | |
| nned Goals and Objectives: | Qua | litative Evaluation | |
| nned Goals and Objectives: | Qua | litative Evaluation | |
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| nned Goals and Objectives: | Qua | litative Evaluation | |
| nned Goals and Objectives: | Qua | litative Evaluation | |

Review of instructor/staff feedback:

Professional Assessment:

| Was the Program Succes | sful? | Continue the Program? | |
|------------------------|-------|-----------------------|--|
| Recommended changes | | | |
| | | | |
| | | | |
| | | | |
| L | | | |
| Completed by: | | | |
| Reviewd by: | | | |