



Bright Beginnings

NORTH EASTMAN PARENT-CHILD CENTRED COALITION

Pre-School Readiness/ Wellness Event

EVALUATION FORM

We appreciate your time in completing the required evaluation form by the deadline date. We look forward to learning the outcomes of your event!

1. a) Name of Event: _____

b) Communities Served at this Event: _____

c) Date of Event: _____

d) Location and Time of your Event: _____

e) Contact person for this event:

Name: _____

Address: _____

Telephone: _____

Email: _____

2. Which pillars did your event support?

Community Capacity _____

Learning and Literacy _____

Positive Parenting _____

Nutrition and Physical Health _____

3. Number of participating children: _____ Number of families who attended: _____

4. Please list the ASSESSMENT STATIONS at this event:

5. Please list and describe ADDITIONAL ACTIVITIES/STATIONS at this event:

6.a. Did you implement the plan as outlined in your original proposal? YES _____ NO _____

6.b. If you answered **YES**, in what ways did you achieve the outcomes identified in your proposal?

6.c. If you answered **NO**, please explain, listing any challenges and/or reasons for these changes in your project.

7. Community Partners

Please name other organizations/community groups involved in this event.
How did they contribute to the success of the event?

Community Partners	Free Services and/or Resources Provided

7.f. What, if anything, would you do differently if you hold this event again?

8. Financial Section:

Please list items purchased as requested in original application/approval.
Receipts must be submitted for individual items totaling **\$300 or more**.
Further financial reporting may be requested, at our discretion.

COSTS INCURRED FOR YOUR PROJECT/ACTIVITY	Expenses Requested in Original Grant Application	Actual Expenses Incurred	Difference
Food/Refreshments			
Promotion (ads, posters)			
Supplies/Handouts			
Equipment			
Prizes			
Travel			
Postage			
Other (please specify)			
TOTAL EXPENSES			

9. If you have any **residual funds**, please explain what will be done with them?

10. Further Comments:

Please include **highlights** and **challenges** you encountered in offering this event.

Did you observe **any noticeable changes among participants** that developed due to attending this event?

Program evaluation can be an important component of parent-child programs and events. We strongly encourage your group to establish this important assessment tool should you choose to hold future events.

Did you conduct a **participant evaluation** for this event? YES _____ NO _____
If so, **please attach a copy along with an overview of participant responses.**

Did you receive **any comments (either positive or negative)** from participants attending this event?

I certify that all information given in this evaluation, including supporting documents and financial information, is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations in this evaluation may affect funding opportunities regarding future applications.

Name: _____

Signature: _____

Date: _____

**EVALUATION DUE DATE:
JUNE 30, 2012**

Please return this completed evaluation form to:

BRIGHT BEGINNINGS

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c/o Wendy Cooper

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