



# PROJECT PLANNING FORM



Name of Project or Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost for Students: \_\_\_\_\_

Type of Activity: \_\_\_\_Recreation\_\_\_\_ Education \_\_\_\_Attitude\_\_\_\_ Leadership \_\_\_\_Money \_\_\_\_Service

What is the PURPOSE of the Project: Give 2 reasons: Needs? Who benefits? Why do it?

- 1.
- 2.

Give a DESCRIPTION of the project:

Whose approval do you need to do the project?

Approval needed by	Deadline	Committee Member responsible for this approval	Approved: YES/NO List Date Approved
Advisor – prior to start			
Activities Director (facilities) *Gym, Theater, Fields, Commons*			
Principal			
Technology – mics, sound, lights			
Student Council Members			

TO DO LIST – what needs to be done to make this project happen?

List steps:	Who will do this?	Deadline for completion

PUBLICITY – advertising your project to the student body/public/parents/teachers

Method of Publicity – Give details of how you will advertise and to who?	Who will do this?	Deadline	Date Completed

COST OF PROJECT—list total cost, cost for each item for this project (Attach extra sheet)

What are you buying?	Where are you buying this?	Who is buying this?	Cost of the item
<b>TOTAL COST OF THIS PROJECT</b>			<b>\$</b>



# PROJECT PLANNING EVALUATION



EVALUATION – was the project a success? \_\_\_\_\_ YES! \_\_\_\_\_ NO! Give 2 reasons for success:

1. \_\_\_\_\_
2. \_\_\_\_\_

THINGS TO IMPROVE? Be specific and give specific details for improvement.

1. \_\_\_\_\_
2. \_\_\_\_\_

HOW MANY PEOPLE PARTICIPATED?

DID YOU MAKE MONEY OR LOSE MONEY? \_\_\_\_\_ YES \_\_\_\_\_ NO How much did you make \_\_\_\_\_? Lose \_\_\_\_\_

LIST ALL YOUR EXPENSES AND TOTAL COST

LIST ALL NAMES, EMAIL, & PHONES NUMBERS YOU USED FOR THIS PROJECT

(If we do this project again, we will have all the names, speakers, etc., for next year).

Name	Phone	E-mail address

THANK YOU NOTES WRITTEN?

Note to whom?	Person responsible	Completed - Date

## CELEBRATE YOUR SUCCESSFUL PROJECT!!