

BAHS PTSA
END-OF-YEAR EVALUATION REPORT
SCHOOL YEAR _____

COMMITTEE NAME _____

BUDGET \$ _____ EXPENSES \$ _____

OTHER INCOME (i.e. donations) IF ANY \$ _____

COMMITTEE
CHAIRPERSON(s): _____

MEMBERS: _____

WHAT ASPECTS WENT
WELL? _____

WHAT ARE AREAS NEED
IMPROVEMENT? _____

COMMENTS/SUGGESTIONS FOR NEXT
YEAR _____

