

# National Junior Honor Society

Falls Lake Academy Chapter  
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## NJHS

### Project Planning, Reporting, & Evaluating

#### Project/Activity Planning Sheet

Today's Date: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Name or theme of event:  
\_\_\_\_\_

Name of person in charge: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time(s): \_\_\_\_\_

Location of Event: \_\_\_\_\_

Who is the event for: \_\_\_\_\_

Partnering/Collaborating organization(s): \_\_\_\_\_

Who needs to approve/give permission for this project? \_\_\_\_\_

Additional # of student workers needed? \_\_\_\_\_ Chaperones? \_\_\_\_\_

Frequency of event:  Daily  Weekly  Biweekly  Monthly  Quarterly  
 semi-annually (each semester)  annually (once a year)

Will tickets be needed? Yes/No Ticket costs/sales plan: \_\_\_\_\_

Dates of ticket sales: \_\_\_\_\_ Deadline: \_\_\_\_\_

Seating arrangements/plan: \_\_\_\_\_

Parking arrangements/plan: \_\_\_\_\_

Dress for the event: \_\_\_\_\_

Refreshments plans: \_\_\_\_\_

Supplies needed: \_\_\_\_\_

Budgeted amount for publicity: \_\_\_\_\_

Methods of publicity: \_\_\_\_\_

Marketing/promotion: \_\_\_\_\_

When should publicity begin: \_\_\_\_\_ Types of publicity: \_\_\_\_\_

- Newspaper  Radio  TV  Website  Social media  In-school announcements  
 Flyers  Banners  Billboards/bulletin boards  Other \_\_\_\_\_

Printed programs? Yes/No When? \_\_\_\_\_ Who is coordinating? \_\_\_\_\_

Information to include in the program: \_\_\_\_\_  
\_\_\_\_\_

Graphic/theme/colors/logos for use in program and publicity? Describe: \_\_\_\_\_

Guests? Speakers? Performing groups? \_\_\_\_\_

**Anticipated Budget:** Attach proposed budget for the event, revenues and expenses.

Additional information/ideas/suggestions? \_\_\_\_\_  
\_\_\_\_\_

Proposal submitted by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Project/Activity Report Form**

Today's Date: \_\_\_\_\_

Name of Project/Activity: \_\_\_\_\_

School Name: \_\_\_\_\_ Organization/sponsor: \_\_\_\_\_

**Leadership & Planning:** Project chairperson: \_\_\_\_\_

Project committee members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Location of project/activity:

\_\_\_\_\_

Goal of the project/activity:

\_\_\_\_\_

Explain the nature of the project/activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participation:** Additional personnel needed to handle the activity and their responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

How many people attended/participated in the event (total)? \_\_\_\_\_

**Organization:** What equipment/supplies were used? \_\_\_\_\_

\_\_\_\_\_

Amount of money budgeted for this activity (expenses)? \_\_\_\_\_

List costs of each item purchased for the activity and where it was purchased. Provide receipts for all.

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Did you charge for the activity? Yes / No. If yes, what was the per-student cost? \_\_\_\_\_

How was this event publicized? \_\_\_\_\_

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How was the event promoted/marketed? \_\_\_\_\_

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**Evaluation:** How was this project evaluated? \_\_\_\_\_

Was the event a success? If yes, on what basis did you reach this conclusion?

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If no, what problems emerged?

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**Appreciation:**

Have all relevant parties been thanked for their roles and contributions? Yes / No

Attach a master list of those receiving notes of appreciation.

Submission to the National Student Project Database, [www.njhs.us/projects](http://www.njhs.us/projects)? Yes / No

Attach certificate of submission to this report once completed.

Recommendations for the future:

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Report submitted by: \_\_\_\_\_

## Project/Activity Evaluation

Time must always be set aside following every project or activity to evaluate what happened. Evaluations from those in charge as well as from the participants are important. The notes provided as a result of such evaluation will greatly assist those who wish to lead the event in the future.

At a minimum, consider answering the following questions:

1. Did we accomplish our goals?
2. Did we involve enough people as planners and participants? Did we miss anyone?
3. Was there sufficient planning and preparation?
4. What led to the activity's success (or lack thereof)?

If time permits, here are some additional topics that can be considered in your evaluation.

**Event/Activity Name:** \_\_\_\_\_

### Organization:

- |   |     |    |           |
|---|-----|----|-----------|
| 1. Was this a group effort?             | Yes | No | Comments: |
| _____                                   |     |    |           |
| 2. Was there strong student leadership? | Yes | No | Comments: |
| _____                                   |     |    |           |
| 3. Was planning adequate?               | Yes | No | Comments: |
| _____                                   |     |    |           |
| 4. Was publicity effective?             | Yes | No | Comments: |
| _____                                   |     |    |           |
| 5. Was there adequate faculty support?  | Yes | No | Comments: |
| _____                                   |     |    |           |

### Student Feedback:

- |  |                                |                               |                               |                               |
|--|--------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Student behavior?                     | <input type="checkbox"/> Great | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Rate student attendance/participation | <input type="checkbox"/> Great | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 3. General student feedback?             | <input type="checkbox"/> Great | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

What were the main reasons for the success of the event? \_\_\_\_\_

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What were the main reasons for lack of success or problems with the event? \_\_\_\_\_

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Identify specific items in need of separate Evaluation (for example, food, DJ, decorations, program, etc.)

Item: \_\_\_\_\_  Great  Good  Fair  Poor

Item: \_\_\_\_\_  Great  Good  Fair  Poor

Item: \_\_\_\_\_  Great  Good  Fair  Poor

Item: \_\_\_\_\_  Great  Good  Fair  Poor

**Financial Report:**

Revenue: \_\_\_\_\_

Minus Expenses: \_\_\_\_\_

= Profit/Loss: \_\_\_\_\_

If loss, explain: \_\_\_\_\_

**Overall:** Did we accomplish our goals for this activity? Yes / No

Did we improve chapter or student body morale/school climate with this activity? Yes / No

Did this activity enhance the positive image of our chapter? Yes / No

Should this project be repeated? Yes / No

How can this activity be improved if repeated? \_\_\_\_\_

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Evaluation completed on (date): \_\_\_\_\_