HCE PTO COMMITTEE REPORT

School year: ____

Date:	Day of Week:		Time:
Location:			
Chairpersons:			
Please list Contac	ts/Vendors necessary for you	Committee:	
 Name 		Pr	none
Address		Email	
2. Name		Ph	one
3. Name		Ph	one
Address		Email	
4. Name		Ph	one
	uy/get your committee supplies	Email	
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List Props/Supplies/Materials needed for your committee and where they are kept:		
4. Event/Effort Execution How was participation/attendance? (specifics, if possible):		
Key Steps Before Event:		
Key Steps During Event:		
How Many Volunteers Did You Have? Would You Need in a Perfect Case?		
5. Overall feedback. Chairperson comments on success and "gotchas" of the event. Anything you'd do differently? Anything that worked particularly well? Did you have enough help? Too much?		

Should PTO run this event again next year (circle one)? YES NO

Any Key feedback from Staff, Office or Families?

6. Volunteers

Please list all volunteers who helped in any way with the event. If possible - especially for key roles - please also list function.