

Michigan State Council State Service Program Evaluation Report Form



Project Category: - Church – Family – Council – Youth - Community
(Please circle one category)

Director's Name: _____

Program Criteria: Use the criteria below to determine the top submission in the project area indicated. Copy of this form as needed for each program area. A separate form must be used for each entry.

- 1. Program Quality (Description / Organization / Impact / Service , etc) 25
- 2. Number of Council Members Involved: 10
(1-10 = 2 pts) (11-25 = 4 pts) (26-50 = 6 pts) (51-75 = 8 pts) (76-100 = 10 pts)
- 3. Percentage of Council Members Involved: 10
(1-10% = 2 pts) (11-25% = 4 pts) (26-50% = 6 pts) (51-75% = 8 pts) (76-100% = 10 pts)
- 4. Total Time Involved (number of hours) 10
(1-20 hrs = 2 pts) (21-50 hrs = 4 pts) (51-100 hrs = 6 pts) (101-150 hrs = 8 pts)
(151-250 hrs = 10 pts)
- 5. Uniqueness: (new / special / out of ordinary, etc) 15
- 6. Presentation: (typed, neat, accurate, proper, sequential order, professional display) 15
- Documented: (council & parish bulletins, photos, local news media, endorsements, thank you notes) 15
- TOTAL POSSIBLE POINTS:** **100**

Rate each submission in the category circled at the top of this page by using the point totals. In the RANK column, indicate the top projects 1, 2, 3, etc.

Council Number	Project Title	Quality	Hours	% Involved	Time Involved	Unique	Format	Pages	Total	Rank