



McCConnell

BAPTIST CHURCH

## Post Event Evaluation

Project: \_\_\_\_\_

Project Date: \_\_\_\_\_

Lead Team or Ministry Responsible: \_\_\_\_\_

Other Teams Involved: \_\_\_\_\_

Project Purpose: \_\_\_\_\_

**Project Evaluation:** All projects should be evaluated as soon as possible after the event. This form must be turned back into the office no later than two weeks after the event.

1. Were your goals and objectives met? If not, why not?
  - a. How many attended? How did this differ from what you were expecting?
  
2. How would you improve the process if we did it again?
  - a. What worked well?
  
  - b. What didn't work well?
  
3. What other ministry teams could have been involved? How would you have used them?
  
4. In light of what you've learned and what you know now, would you recommend doing this event again?
  - a. What would you do differently if you did this again?