

# Post Program Report

RA _____	Date of Program _____
Title _____	Hall _____
Location _____	Time of Program _____
	<b>End of Program</b> _____

**Fill out this form and submit it to your supervisor within 24 hours of completion of program.**

Actual Attendance \_\_\_\_\_ Actual Money Spent \_\_\_\_\_ Community Service Hours \_\_\_\_\_

Based on your program assessments, was the goal of your program met? Why or Why not?

Based on your program assessments, were all three learning outcomes met? How so?

Outcome 1 Met  No  Yes

Outcome 2 Met  No  Yes

Outcome 3 Met  No  Yes

What is one thing you learned from this program?

### Residents Who Received a Prize

Prize Description

Purchase Location

Purchase Date

Prize Cost

Input ID for Prizes

**Add**

### Residents who earned Attendance

Hours
