

The Redwoods Group

New Program Evaluation Form

General information:

program name: _____ est. # of people served: _____

brief description: _____

age / demographic group(s): _____

duration (check all applicable): 1 time repeating short-term (<12 weeks) long-term (>12 weeks)

similar programs: _____
(by YMCA or others)

Appropriateness: (one of the following should be "yes")

yes no

The program clearly fits within the mission statements of our camp association of the Y of the USA

If no, senior staff member _____ feels it is worthy of consideration because:

Financial impact: (one of the following should be "yes")

yes no

The program can be self supporting. projected cost: \$ _____ projected revenues: \$ _____

If no, senior staff member _____ feels it is worthy of subsidization because:

Location: (indicate site: note needs & availability / conflicts)

On-site: room or area needed: _____
time constraints: _____

Off-site: location / cost: _____
(potential options): _____
transportation needs: _____
(source / availability): _____

Equipment: (incl. safety items, e.g., helmets, guards, etc.)

have	need	item	source	rental/purchase/donation	cost
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Staff: (check appropriate box[es]; indicate cost / source) staff ratio: ____ : ____ number of staff required: ____

No additional staff needed No additional training needed Current staff needs only minimal training

Additional \ Camp staff or significant training needed _____

Non- Camp staff necessary _____

Injury potential: (list injuries that might arise from participation) Check box and use other side of form, if necessary

Degree: LT=life threatening C=crippling S=serious M=minor N=none **Likelihood:** C=certain PR=probable PO=possible M=minimal N=none

describe injury, mark degree or likelihood, and indicate any means of reducing either

_____	LT	C	S	M	N	C	PR	PO	M	N

Waivers: (check one; attach any non-standard material needs)

The standard waiver is appropriate and sufficient A specific waiver and information packet is necessary

Authorization: Risk Assessment Sheet is completed and attached (required)

submitted by: _____ date: _____ approved by: _____ date: _____