



NEOA STATE INITIATIVE EVALUATION

Name of Event or Project:

Event/ Project Contact:

Name: _____

Position: _____

Institution: _____

Address: _____

Phone: _____

Email: _____

State Association: _____

Date of Event or Project Completion: _____

Event Schedule or Project Timeline:

Event / Project Purpose:

- Attendance at event/ numbers involved in project
- Outcomes and Results
- How does this event strengthen state capacity for political advocacy and/ or increase awareness of TRIO?
- Next Steps

Evaluation

Briefly evaluate the event or project. What made this event or project successful? Will you repeat this event? If so, what changes would you make? Your report on successes and challenges will be helpful information for others planning to coordinate state initiative activities. Thank you.

Please submit to Sarah Morrell, NEOA Advocacy and State Initiatives Chair, at sarah.morrell@umb.edu