

Evaluation Measures for the 2002 *Bells for Remembrance* Campaign

Kickoff Community: _____

Chairperson of Local Planning Committee: _____

Organization of Local Planning Committee

Were you involved with **calling** community members to recruit them to serve on your local planning committee? YES NO

If YES, approximately how many _____ **phone calls** did you make to recruit community members to serve on your planning committee?

Were you involved with **mailing or emailing invitation letters** to community members to recruit them to serve on your local planning committee? YES NO

If YES, approximately how many _____ **invitation letters** did you mail/email to recruit community members to serve on your planning committee?

Do you feel like the key players in your community were engaged and actively involved as participants on your planning committee? YES NO

Comment: _____

Participation in Local Planning Committee Meetings

**If available, please attach agendas or minutes from each of the your planning meetings.*

	Meeting # 1	Meeting # 2	Meeting # 3	Meeting # 4
Date of Meeting				
Time of Meeting				
Location of Meeting				
# of Attendees at Meeting				

After the initial meeting (Meeting # 1) was held, how many _____ additional members were recruited to serve on your planning committee?

Did your planning committee assign specific tasks to individuals or subcommittees? YES NO

If YES, please list the specific tasks that were assigned (e.g., Refreshments, Logistics, PR, etc.).

Planning Committee Members Contact Information

**If available, please attach your contact information sheet instead of completing this form*

Name of Planning Committee Member	Title / Organization	Mailing Address	City, ST, Zip Code	Phone #	Fax #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Recruitment for Community Kickoff Event

Did your committee members make initial phone calls to local congregations/organizations to identify the appropriate person to invite to the kickoff event? YES NO

_____ # of **invitations** sent out to congregations/organizations for kickoff event
**please attach sample of invitation for kickoff event*

Did your committee members make reminder follow-up phone calls to local congregations/organizations to confirm attendance at the kickoff event? YES NO

Marketing/Publicity for Community Kickoff Event

**please attach copies of articles, announcements, or flyers that were used to advertise kickoff event*

Marketing/PR	Description of Advertisement or Announcement <i>(i.e. article appeared in publication, press release, PSA made on radio, interview with survivor)</i>
<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Radio station	
<input type="checkbox"/> Television station	
<input type="checkbox"/> Newsletter	
<input type="checkbox"/> Magazine	
<input type="checkbox"/> Flyers	
<input type="checkbox"/> Speaker engagement	
<input type="checkbox"/> Associated event	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

Participation in Community Kickoff Event

Date of Kickoff Event	
Time of Kickoff Event	
Location of Kickoff Event	

**Please attach a copy of the program agenda and the attendance roster from your kickoff event.*

_____ # of **individuals** attending kickoff event

_____ # of **congregations/organizations** attending kickoff event

_____ # of **boxes of materials distributed** at kickoff event

Exhibitors at Community Kickoff Event

_____ # of exhibitors **contacted and invited** to provide an exhibit/display at kickoff event
**please attach sample of exhibitor letter for kickoff event*

_____ # of exhibitors that **displayed** tables/booths at kickoff event

Name of Organization Exhibiting at Event	Type of Organization <i>(hospital, mammography facility, support group, etc.)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Donations/Contributions for Kickoff Event

We are interested in finding out what materials and resources were paid for, donated, or received as an in-kind contribution to implement your kickoff event. Please share any feedback on the level of effort for soliciting these contributions.

	Were these items donated? (Yes/No) <i>(If yes, please name the source of the donation i.e., Kroger, local hospital, etc.)</i>	Estimated value
Invitations/Correspondence		
Refreshments/Food		
Publicity/Media		
Location/Logistics		
Decorations		
Raffle prizes		

Comments: _____

Overall Evaluation of Your Kickoff Event

In your opinion, how **successful** do you think your **Planning Committee** was in planning and implementing your kickoff event? Using a scale from 1 to 5, please circle one number to rate your perceived level of success.

Not Successful at All 1	2	Moderately Successful 3	4	Extremely Successful 5
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Explain your response: _____

In your opinion, how **useful** was the **Planning Notebook** to you and your Planning Committee for planning and implementing your kickoff event. Using a scale from 1 to 5, please circle one number to rate the level of usefulness.

Not Useful At All 1	2	Moderately Useful 3	4	Extremely Useful 5
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Explain your response: _____

What additional assistance/resources would have been helpful for you to coordinate the activities of your local Planning Committee? _____

Your feedback is very important to us as we continue to expand our *Bells for Remembrance* breast cancer awareness campaign. What comments or suggestions do you have for improving the program?

*Please complete this evaluation form and mail your completed form and all of your sample materials to the
Breast Health Connection of Georgia
57 Executive Park South, Suite 200, Atlanta, GA 30329
Thanks for your assistance. Have a great day!*