Recreation Program Application Evaluation

Reviewer: _____ *Date:* _____

Instructor and Program Name: _____

EVALUATION CRITERION	POSSIBLE POINTS	SCORED POINTS
Application Complete	✓	
Program Overview/Statement of Need	20	
Experience, Background & Training	20	
Session Details (innovative, unique, needed)	15	
Business References	15	
Program Marketing Plan	10	
Safety Plan	10	
Student Instructor Ratio	5	
Equipment Needs	5	
Total	**100**	
• *Attach application for final approval*		

Comments:

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*Approved by:*_____ *Date:* _____