Please complete and submit to IHPTSAPresidents@gmail.com within two weeks of the completion of your event.

**Your time, energy, and commitment has benefitted the entire IHS Community. THANK YOU!**

 **Your feedback provides a valuable reference for your successor. It also ensures that IH PTSA programs remain relevant and that they adapt to our ever-changing school community.**

Name of Committee:

Name of Chairperson / VP:

**Next year’s leadership**

Would you like to return as Committee Chair next year? We’d love to have you back!

If not, please provide the names of at least two individuals who might be interested. Ideally-but not necessarily- they have worked on this committee in the past.

1.

2.

**What needs to be done right now?**

Please list anything that needs to be done prior to the end of this school year and detail these action items in the Program Time Line at the end of this document. Please be sure to communicate these time-critical action items to your successor so that they can begin planning. If you have relevant documents or digital files, please arrange to pass them on either directly to your successor or their VP.

**Time commitment**

When did you start planning?

When did responsibility conclude?

Is summer work involved?

Was the commitment one-time (a single event) or throughout the school year (a year-round program)?

If throughout the school year, which time frames were particularly time intensive?

**Budget**

What was your budget this year?

Was it sufficient?

Anticipated major expenses for the upcoming academic year:

**Supplies**

Are there any left over supplies from this academic year that can be re-used?

Location:

**Committee Needs**

Ideal number of committee members needed to run this program effectively:

Are there any special skills or previous experience needed? Could an incoming parent run this committee effectively?

**Contacts**

Who were your primary IHS and outside contacts? Please provide name and contact info.

Can your successor contact you as a reference in the upcoming academic year?

Your email and phone:

Best Practices

What worked well and should be continued?

What did not work well this year but could be improved upon in the future?

What did not work well and should be dis-continued? Please explain why you think so.

Please suggest at least one new idea for this program for future consideration.

Please pass on at least one piece of advice for your successor.

What did you find most rewarding? most challenging?

Program Time Line / Action Items

Please create a June-to-June timeline of Program responsibilities. The more detail you can provide, the more informed your successor will be. Please itemize action items (one per column) and add additional rows to the table if needed.

|  |  |  |
| --- | --- | --- |
| **Month** | **Action Item** | **Details** |
| June |  |  |
| July |  |  |
| August |  |  |
| September |  |  |
| October |  |  |
| November |  |  |
| December |  |  |
| January |  |  |
| February |  |  |
| March |  |  |
| April |  |  |
| May |  |  |
| June |  |  |