

Activity Evaluation Form

This form is designed to help your chapter keep track of your activities and evaluate them for future reference, potential improvement, and networking with other Acting on AIDS chapters. Please e-mail a copy to the national Acting on AIDS team at actingonaids@worldvision.org.

Title of action/activity _____

Date of action _____ Primary organizers _____

With what specific issue or advocacy item was this action associated?

What was/were the activity/activities? (e.g., letter-writing campaign, art auction, bike tour, Lives are at Stake, concert)

What were the goals/objectives of the activity?



Describe the steps your chapter took to plan and execute this activity.

Describe what worked well.

Describe challenges you encountered and ways to address these challenges in the future.

Did you collaborate with any other groups, organizations, or individuals to execute this activity? If so, whom?

Other comments/things to note.