

MASTER GARDENER PROJECT EVALUATION

Project Name: _____

Description: _____

Starting Date: _____ Duration: _____

Avg. attendance on workdays: _____ Cost of Project to Master Gardeners: _____

Source of Funding: _____

Special Tools or Equipment Needed: _____

1. Please describe the joys of this year's work on your project:

2. Describe any problems you had and possible solutions-
With your host organization:

With your committee members (did you have enough, too many, excessive no-shows):

3. Suggestions/recommendations for the next year:

4. Would you be willing to serve as chairman next year? _____

Our guidelines suggest project chairs rotate at least every two years. If you have already served two years, whom would you recommend from your committee to serve as chairman? Please list at least two.

Other comments and recommendations. Use the back if needed.