

# AFTER-ACTION REPORT (AAR) FOR MARIE SCHAEFER PTO PROGRAMS

EVENT NAME: \_\_\_\_\_

DATE(S): \_\_\_\_\_

LOCATION: \_\_\_\_\_

GENERAL PURPOSE (circle): *FUNDRAISING, EDUCATIONAL/ENRICHMENT, CUMMUNITY-BUILDING ?*

PLEASE LIST 1-3 SPECIFIC GOALS AND OBJECTIVES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUDGETED AMOUNT: \_\_\_\_\_ AMOUNT SPENT: \_\_\_\_\_

AMOUNT RAISED (IF APPLICABLE): \_\_\_\_\_

SUGGESTIONS TO MAKE EVENT MORE SUCCESSFUL:

RECOMMEND CONTINUING:

CONTACTS/RESOURCES:

- 1.
- 2.
- 3.
- 4.
- 5.

*Please feel free to use this form only as a guide and type up your own After-Action Report in your own format.*

*Please fill out the back **IF** you think providing a timeline and a specific set of steps would be helpful to your successor. **Thank-you!***

**Suggested Timeline:**

*I recommend you start preparing for this event \_\_\_\_\_ months in advance, around the date of \_\_\_\_\_.*

**Specific Steps:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
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