



2023-2024 PARTNERS IN EDUCATION ANNUAL EVALUATION AND RENEWAL FORM

School Name: _____

Business Partner Liaison: _____

Phone: _____

E-mail: _____

Business Partner: _____

Representative Name & Title: _____

Phone: _____

E-mail: _____

Business Address: _____

Fax: _____

Website: _____

Goals set from last year: _____	Met? Y / N
_____	Met? Y / N
_____	Met? Y / N

Briefly explain how each goal was met (activities, donations, etc.) or why you feel a goal was not met: _____

Suggestions for improvement: _____

Do you wish to continue your partnership for the coming year? Y / N

Business Representative

Business Partner Liaison

Business Copy

School Copy