

Cheers & Changes



NAME OF PLAY	DATE	LOCATION
<p>ITEM Track the pieces of your play.</p>	<p>CHEERS & CHANGES For each item, what worked well? What could be improved for the future?</p>	
<p>List PARTNERS/STAFF and their roles:</p>	<p>Cheers:</p> <p>Changes:</p>	
<p>List the number and kinds of MATERIALS used:</p>	<p>Cheers:</p> <p>Changes:</p>	
<p>List the number and type of PARTICIPANTS:</p>	<p>Cheers:</p> <p>Changes:</p>	
<p>Describe PROMOTIONAL ACTIVITIES for the play:</p>	<p>Cheers:</p> <p>Changes:</p>	
<p>For PLANNING and PUTTING ON THE PLAY overall, what worked well? What could be improved for the future?</p>		
<p>Cheers:</p>		
<p>Changes:</p>		

Organizational Impact Survey



1. How has your participation in the Choose Respect initiative had an impact on your organization’s vision and mission statements?

2. How has your participation in the Choose Respect initiative had an impact on your partnerships with other organizations? Any new partnerships? Were existing partnerships strengthened?

3. How has your participation in the Choose Respect initiative had an impact on your standing in the community? Are people more aware of your organization and its services?

4. How has your participation in the Choose Respect initiative had an impact on your organization’s ability to mobilize community resources?

5. How has your participation in the Choose Respect initiative had an impact on your organization’s ability to garner funding?

6. How has your participation in the Choose Respect initiative had an impact on your organization’s capacity to promote healthy dating relationships? New staff? Additional capabilities/offerings?

Stand Up & Be Counted



NAME OF EVENT	LOCATION

NAME	CONTACT INFORMATION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
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10.	