Alpha Kappa Alpha Sorority, Incorporated

Rho Kappa Omega

AFTER ACTION REPORT

Name of Event/Program:

Date of Event:

Chairmen:

Event/Program Goal(s):

Did these goals meet the chapter’s short-term and/or long-term goals?

No. of guests attended:       No. of Sorors attended:

How long was the event?       Total number of soror volunteer hours:

Were materials distributed during the program?       If so, describe the nature of the materials:

Were there any monetary contributions (i.e., in-kind donations, soror donations, sponsorships, etc.)?      If so, describe the nature of each contribution:

What was the budget for this event/program?

What was the total cost of the event/program?

Launching New Dimensions Initiative (check all that apply):

Initiative 1: Educational Enrichment

Initiative 2: Health Promotion

Initiative 3: Family Strengthening

Initiative 4: Environmental Ownership

Initiative 5: Global Impact

Launching New Dimensions Program (check all that apply):

Africare NAMI

Alzheimer’s Association UNA-USA

American Heart Association

Description of event/activity:

Was this program/event a collaborative/joint effort with another organization?       If so, which organization(s)?

What methods did the Committee use in publicizing the program/event (i.e., flyers, newspaper listings, emails, evite, etc.)?

Were any community awards or recognitions given during the program/event?       If so, explain the nature of the award(s) and the honoree(s):

Committee’s suggestions for improvement:

Please list any Soror who helped to plan or organize this program/event and the exact nature of her participation (excluding soror attendance at the program/event):

Submitted by:       Date:

**To be completed by the Standards Chairman:**

No. of guests who completed Program Evaluation:

No. of Sorors who completed Program Evaluation:

Summary of guests’ evaluations:

Summary of Sorors’ evaluations:

Standards Committee’s Recommendation(s) for improvement:

Completed by: \_\_\_\_ Date: \_\_\_