

Parent Proposal Form for Activities at NDE

Thank you for submitting your ideas to the NDE Parent Teacher Organization. To ensure that we can evaluate your ideas in a consistent manner, please fill out the form below and contact Debbie Conliffe, VP of Volunteers and Programs to schedule a time to present at our next Executive Board meeting. Her email is: Debbie.therapist@gmail.com

Our criteria for evaluation is the following:

- | | |
|---|--|
| = Written proposal presented to PTO Board | = Adequately staffed by volunteers |
| = Fits with the Mission of the PTO | = If applicable, supported by teachers |
| = Fosters community building | = Balances with existing activities |
| = Breakeven financially or profitable | |

Name: _____

Email address: _____

Phone Number: _____

Grades of children: _____

Name of Event/Activity: _____

Ideal Timing of Activity: _____

Brief description of Activity:

Objectives of Activity:

Financials: estimated costs and revenues generated by activity

Volunteers needed. How many volunteers would you need? How many hours?

Does this require teacher, faculty or staff approval? (e.g. in class activities.)

Please share any other reasons that you think this would be a great activity for NDE:
