

Project Pre-plan-Form One

Project name:
Project sponsor (if other than ASB):
Project manager:
Project goal/objectives: (SMART-specific, measurable, agreed, realistic, time constrained):
Project stakeholders: (who will be involved or will benefit?)
Assumptions: (Factors or situations you assume will or will not exist. i.e. Dance will be in gym or All members of 2006 will sell candy.
Project completion date or date of activity:
Preliminary budget:
Which ASB goal does this project address?
<i>PLEASE SIGN BELOW:</i>
We agree that this is a viable project. We authorize the beginning of the planning process. (Turn this in with the Master Calendar Activity Request Form.)
Project Sponsor Signature:
Project Manager Signature:
Activities Director Signature:
Date of Submission:

Brainstorm Everything-Form Two

Job Responsibility Planner-Form Three	
Today's Date _____	
Council #/Name of Contact: _____	
Activity Name: _____	Date of Activity: _____

Council #/Name of Contact: _____

Activity Name: _____ Date of Activity: _____

[illegible]

Please make a copy of this form for all council members.

BUDGET	Form Four
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Item	Quantity	Expense	Total	Approval
1				
2				
3				
4				
5				
6				
7				
8				

RISK ASSESSMENT

What could go wrong with this activity?

What are your plans to mitigate these risks?

COMMUNICATION PLAN

How will your council check-in on a regular basis to be sure all tasks are being accomplished on time and as planned?

In addition to above, please exchange emails, phone numbers, and cell phone numbers. (Or use ASB Contact Sheet and verify.)

MASTER CALENDAR/ACTIVITIES REQUEST FORM- Form Five

Due one month prior to activity date. ♦ Pre-plan MUST be attached.

Activity is: On calendar____ Not on calendar: Date ASB Approved Activity_____

Activities Director/Club/Class Advisor_____ ASB President_____

Activities Director/Club/Class Advisor _____ ASB President _____

Submitted by _____ Council # (if in Leadership) _____ Date _____

Name of Activity _____ Date of activity _____

Type of Activity: Dance Rally Noontime Activity Fundraiser Staff Appreciation Student Recognition

Other: _____

Short description of activity: _____

Day/time/place of activity _____/_____/_____

Day of week	start time-end time	place
Monday	10:00-12:00	Room 101
Tuesday	10:00-12:00	Room 101
Wednesday	10:00-12:00	Room 101
Thursday	10:00-12:00	Room 101
Friday	10:00-12:00	Room 101
Saturday	10:00-12:00	Room 101
Sunday	10:00-12:00	Room 101

School equipment needed _____

Facility Request Needed yes___ no___ (Yes-when using any school facility.) ★ Attached_____

Admission charged: yes___no___ Price w/ASB sticker___w/o ASB sticker___

Supervision/chaperones needed: yes___ no___ Who will supervise?_____

Substitute required: yes___ no ___ Which periods? _____ Who will pay for sub? _____

Transportation required: yes___ no___ *Permission slips to be collected by* _____

Student Study/Call slips required: yes___ no___ *SS Trip List/Call slips written and distributed by*_____

Publicity planned: posters___ bulletin___ flyers___ press release___ other_____

Rally plan: yes___ no___ ★ Attach agenda of rally with specific times (see example) yes___

Time	Who/What	Music/Props/Etc.
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11:00-11:05	Cheerleaders-Trojan Yell
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CD Jock Jams

11:05-11:13	Athletes introduced	We Are the Champions
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★ Rally script attached yes___ Contact person(s) for script/agenda_____

Rally set-up time approved with PE Department one month in advance

Signature _____ Date _____

★ If class competitions: "*Competition Worksheet*" attached for each game yes_____

Dance plan: yes___ no___

Cash box requested: yes ☐ ★ Ticket seller/coat check/ water seller list attached: yes ☐

Name of DJ _____ Contract signed and returned _____

Set-up date/time _____ Clean-up time _____

★ Attached list of set-up/clean-up committee members and chaperones yes_____

◆ Attached copy of Job Responsibility Planner:____ ◆ Attached Timeline or a copy of ASB planner:____

Required attachments are italicized. Master Calendar/Activity Requests will NOT be approved without all required attachments.

Activities Director (required FIRST) _____ Date _____ Principal/Assistant Principal _____ Date _____

◆ Requires attached forms with submission regardless of activity

★ Requires attached form if applicable to activity.

This form will be held on file in the "Master Calendar Activities Forms" binder in the ASB room.

Evaluation/Close of Project-Form Six

Name of Project:

Project manager:

Please comment on all aspects of your project and evaluate both the process and the product. Submit this form with completed packet within two weeks of project completion.

+ <i>(Things that went well)</i>	Δ <i>(Change for next time)</i>

Please attach a copy of your FINAL Job Responsibility Planner to verify that all tasks have been accomplished.