

**APPENDIX E: Partnership Evaluation Form**

**PARTNERSHIP EVALUATION (Fiscal Year \_\_\_\_\_)  
Rev 8/2000**

**DFSR Tracking # \_\_\_\_\_ (Partnership Agreement)**

1. TYPE: \_\_\_ Partnership Agreement \_\_\_ Partnership Activity
2. FDA REGION/DISTRICT:
3. STATE/OTHER PARTNER:
4. PARTNERSHIP SUMMARY:
  
5. INCLUSIVE DATES: \_\_\_\_\_ TO
6. RESOURCES:
  
7. OUTPUTS: (How many samples, number people trained, etc.)
  
8. OUTCOMES: (What was the result, benefit to partners, consumers?)
  
9. EVALUATION OF PARTNERSHIP AGREEMENT/ACTIVITY: (strengths/weakness, positives/negatives, goals met, etc.)

10. RECOMMENDATIONS:

11.  Annual Evaluation  Final Evaluation

12. RENEW PARTNERSHIP:  YES  NO

13. NEW PARTNERSHIP DATES: \_\_\_\_\_ TO

14. Date of Meeting/Conference Call on evaluating Partnership Agreement/Activity:

15. Names of partners who participated in the evaluation.