



Dorchester School District Two

Leading the Way: Every Student, Every Day

PARTNERS IN EDUCATION ANNUAL EVALUATION AND RENEWAL FORM

School Name: _____

Business Partner Liaison: _____

Phone: _____

E-mail: _____

Business Partner: _____

Representative Name & Title: _____

Phone: _____

E-mail: _____

Business Address: _____

Fax: _____

Website: _____

Goals set from last year: _____ Met? Y / N

_____ Met? Y / N

_____ Met? Y / N

Briefly explain how each goal was met (activities, donations, etc.) or why you feel a goal was not met: _____

Suggestions for improvement: _____

Do you wish to continue your partnership for the coming year? Y / N

Business Representative

Business Partner Liaison

☐ Business Copy

☐ School Copy