

MY BROTHER'S KEEPER



Nashua Arlington Street Community Center Program Evaluation



Program Name: _____

Program Description (Scope): _____

Target Population: _____

Dates/ Number of Hours Offered: _____

Average Number of Participants: _____

Percentage of Low Income Families: _____ Minority _____

Overall Results Observed: _____

Will the Program be offered again? Yes or No

Will changes to Program be made? If so, please specify? _____
