

**AVERETT UNIVERSITY RESIDENCE LIFE
PROGRAM PLAN SHEET**

RA Name: _____

Title of Proposed Program: _____

Proposed Date: _____ Alternate Date: _____

Wellness Dimension Addressed: (Circle One)

Educational

Social

Career

Cultural

Physical & Emotional Wellness

What specific needs have you identified on your floor that this program is intended to meet?

How do you identify those needs? _____

How will you know if those needs were met (i.e. that you accomplished your purpose)?

RESOURCES NEEDED

Who are your Human Resources (i.e. presenter, referee, poster maker, etc)? _____

What financial resources do you need? How will you raise them? When will you request them?

Do you need transportation? _____

In what ways will your residents be involved in the planning/execution of this program?

GETTING THE WORD OUT

How will you let your residents know about the program _____

Supervisors Comments and

Approval _____

