

Teacher Grant **Evaluation Form**

Deadline: Required completion by March 8, 2019

Dear Grant Recipient:

We are interested in the implementation of all projects funded by the Stephenville Education Foundation and the impact on students and learning. As a grant recipient, we want to know if you met your goals, and what the results were. We want to share how SEF Teacher Grants are making a difference. Your input will help us leverage the most successful projects, inspire community support and generate additional resources to enhance educational opportunities in the Stephenville ISD.

Project Title:	
Your Name:	
Campus Grade(s):	Subject(s):
Number of Students:	Total Cost of Project:
What were your stated	d objectives for the project?
How did you measure	them?
Did you meet your goo	als and objects for the project? Please explain.
Please describe any u	nanticipated results – positive or negative.
If you were to do this o	again, or if the project were replicated, what modifications or bud- ould you recommend?