

MINI-GRANT AWARDS OF EXCELLENCE
2010-2011 GRANT EVALUATION FORM
FOR TEACHER AND SCHOOL IMPACT GRANTS

<input type="checkbox"/> Individual Grant for Teachers
<input type="checkbox"/> School Impact Grants

Project Manager's Name			Home Address			Home Telephone		
Collaborating Teacher(s) - if applicable								
School			Principal			School Telephone		
Project Title						Grant Awarded		
Grade Level(s): _____			Subject(s): _____					

Number of students directly affected by the project (please be sure to enter a #):

Pre-K Elementary Middle Secondary Spec. Ed.

Number of teachers directly affected by the project (please be sure to enter a #):

Pre-K Elementary Middle Secondary Spec. Ed.

Number of volunteer hours associated with grant activities, if any:

Teachers Community Parents Other _____

Check all areas addressed in the grant project (more than one may apply):

- | | |
|---|---|
| <input type="checkbox"/> Reading/Language Arts/Mathematics Remediation, Grades 4 - 12 | <input type="checkbox"/> Alternative Schools/Programs |
| <input type="checkbox"/> Multi-grade School Improvement Programs focused on Academics | |
| <input type="checkbox"/> K - 3 Reading or Mathematics Instruction | |
| <input type="checkbox"/> Early Childhood Pre-school Programs for 4-Year Old Students | |
| <input type="checkbox"/> Integration of Computers and Technology in the Classroom | <input type="checkbox"/> Integration of Programs Across Disciplines |
| <input type="checkbox"/> Professional Development Activities for Teachers | |

Approximate Length of Grant Project/Activities:

1 Year 1 Semester 9 Weeks Less than 9 Weeks

Will this project be continued/expanded? Yes No

Please provide a rating on the following statements using a scale of 1 to 5,
with **5** being the **highest**.

- I. a. Overall, the success of the project was ...

1	2	3	4	5
not successful		somewhat successful		very successful

- b. List project goals/objectives:

- c: Comments

2. a. The degree of change in students' attitude/motivation resulting from project activities was...

1	2	3	4	5
no change		somewhat improved		greatly improved

- b. _____ Of the number of students served in the project (same number as on page 1), how many
_____ Please calculate the percentage of the students who were somewhat to greatly improved in
- c. How did you measure changes in students' attitude/motivation? List specific assessments used to measure performance (before and after surveys, etc.)

3. a. The degree of change in students' academic/subject area performance was...

1	2	3	4	5
no change		somewhat improved		greatly improved

- b. _____ Of the number of students served in the project (same number as on page 1), how many
_____ Please calculate the percentage of the students who were somewhat to greatly improved in
- c. How did you measure changes in academic performance? List specific assessments used to

Mini-Grant Evaluation

4. The degree to which this project has improved your attitude/motivation in teaching this year?

1	2	3	4	5
no influence		somewhat influenced		greatly influenced

Comments:

5. The major strengths of the project are:

6. The major weaknesses of the project are:

7. The project could be improved by:

8. Please comment on implementation of your grant project (unexpected problems, unexpected successes, purchase recommendations/discounts, memorable quotes, etc.) and/or on the grant process (comments, suggestions, criticisms).

9. BUDGET

Use the Itemized Budget Form from your grant application along with your Expenditure Form to complete the section below. Compute expenditures in each category. Receipts should already have been submitted with Expenditure Form.

CATEGORY	BUDGETED	EXPENDITURES	UNEXPENDED
Supplies/Equipment			
Professional Services/Training			
Other Charges			
TOTALS	\$	\$	\$

Expenditure form should already have been submitted. Please list expenditure here by category. This is not for your list by purchases. Total expenditures here should be the same as expenditure form.

Please make check for unexpended funds payable to:

STATEMENT OF ASSURANCES

I HEREBY CERTIFY:

1. That equipment purchased over \$100 has been tagged according to Parish Property Control procedures.
2. That items purchased as a result of this grant award will continue to be used for educational enhancement.
3. That this project does not supplant, displace or replace a program funded through the parish General Fund, State General Fund, or Minimum Foundation Program (MFP).
4. That the information contained herein is true and correct to the best of my knowledge and belief, and that all documentation pertaining to this project has been submitted for auditing by the proper authorities.

_____ Date

_____ Signature of Project Manager

_____ Date

PLEASE RETURN EVALUATION FORM TO:

**Cliff Williams Memorial Foundation
P. O. Box 2990
Jena, LA 71342**

Deadline for return of this evaluation is

April 15, 2011