



East Grand Rapids Schools Foundation

GRANT EVALUATION

(To be submitted ninety days after the conclusion of the grant)

Title of Grant _____

Name(s) _____ Date grant was awarded _____

Address _____

Phone _____ Email _____

Relationship to EGR Schools _____
(Teacher, Student, Parent, etc.)

WRITTEN NARRATIVE (attach additional paper if needed):

1. Did the project meet its purpose or goals? How or why? (How did the project improve the quality of student learning or enhance the quality of teaching?)
2. What skills, knowledge or attitudes were acquired through the project – anticipated and unanticipated?
3. What was the student and teacher response to the project?
4. Was the funding for the project excessive, adequate or inadequate?
5. If you were to request this again, would you modify your request? If so, how?
6. How do you see the project evolving from here? (What do you see as the next step— Conclusion of the project, involvement of other teachers, expansion to other grade levels, renewed future funding from the Foundation, building, School Board or School District?)

Date

Signature

Please return to the East Grand Rapids Schools Foundation Office: 2915 Hall Street SE, East Grand Rapids, MI 49506
Eval 2016