

YEAR
SPENCERVILLE EDUCATIONAL FOUNDATION, INC
TEACHER GRANT EVALUATION

Date: Sept/Jan 20 _____
Appl # : _____
Title: _____
Evaluation Rec'd: _____

To be filed immediately upon completion of the project.

Teacher(s):

Project Director/Teachers Involved:

Grade: _____ # of students: _____
\$ _____ amt. requested
\$ _____ past award
\$ _____ current award
\$ _____ expended

Project Objectives and How These Objectives Were Met:

Participants:

- _____ # of students
- _____ grade level of participants
- _____ # of teachers/school personnel
- _____ # of parents
- _____ # of community members
- _____ # of others (describe)

Positive Aspects of the Project:

Negative Aspects of the Project:

Overall Rating of the Project:

___ Outstanding ___ Above Average ___ Good ___ Could Have Been Better

Financial Report for Project:

Expenditures: Attach copies of purchase orders

<i>Item/Materials</i>	<i>Source/Supplier</i>	<i>Cost</i>

Other Comments:

Signature of Project Director: _____

Date Submitted: _____

Signature of Principal: _____ *Date:* _____

Comments:

Date Received _____ *by [Foundation Member]:* _____