GRANT EVALUATION

Please complete and submit this form **within one month** of completing your project.

Part I: General Information

Project Title: _____

Date of Project: _____

Number of Participants:

# of Students (include Grade Level(s)): _____

Teachers: _____ # of Parents: _____ # of Community Members: _____

Others Involved: _____

Community Partner(s) _____

_____

Will the project continue in your school? Yes No

If yes, how? _____

_____

Part II: Evaluation

Please share the degree to which:	N/A	Not at all				Completely
1. The project met the goals I intended to accomplish:	0	1	2	3	4	5
2. The project involved new educational practices:	0	1	2	3	4	5
3. Students grew academically as a result of this project:	0	1	2	3	4	5
4. Students developed increased self-awareness/esteem:	0	1	2	3	4	5
5. The project filled a gap in student experiences:	0	1	2	3	4	5
6. The project enhanced teacher effectiveness:	0	1	2	3	4	5

Comments on rating scale: _____

_____

What was the impact of this grant, including data collected if applicable?

If applicable: How was the experience of working with your community partner? What did you and your community partner learn from each other? How did your students interact with the partner?

Part III: Feedback

1=Very difficult 5=Very Easy

How difficult was it to complete AFE's grant application? 1 2 3 4 5

If difficult, what was difficult and what might have helped to make it easier? _____

How difficult was it to plan and carry out this project? 1 2 3 4 5

What was most challenging for you: _____

THANK YOU for completing this form and for leading this project in your school!

Please return this form to: execdir@albanyfundforeducation.org or

Albany Fund for Education
PO Box 3110
Albany, NY 12203