

Your Name: _____

Home Address:

Home Telephone: _____

School Name: _____

School Address: _____

E-Mail Address: _____

School Telephone: _____

School District: _____

Your Position/Grade Level Taught: _____

Briefly Summarize Your Grant Project:

Your Signature: _____

How many students benefited from this project, and at what grade level(s)?

Did the project meet stated goals and objectives? If so, how? If not, why not?

Did the project run according to plan? Describe any deviations.

Did the project build capacity beyond the grant period? If so, how? If not, why not?

Did the level of student planning and participation meet your expectations?

State what you believe to be the greatest benefit of the project.

State one or more outcomes you did not expect.

Would you do this project again?

How can you share the outcomes of your project with others?

How can Golden Apple Foundation better meet future needs of teachers?

