Grant Program Evaluation Form

Project Title			
Campus or Department Name			
Contact Person & Title			
Phone/Email			
Date			
Name of Grantor			
Amount of Grant	$	Date Received	

Goals to be addressed by your program: List all goals you plan to attain through the use of this program. Each goal should be measurable with appropriate percentages.

Goal:

DIP/CIP Alignment:

Objectives: For each goal, what do you hope to accomplish by implementing this program? What is the "end result" you hope to see?

Indicators of your progress in meeting those objectives: How will you know if your program has been successful in meeting each objective? That is, what outcome or level of increase do you expect?

Target Audience(s): Who is your target audience? How many students, staff, and/or parents do you expect to serve?

Grade Level(s)		Special Population(s)	
___ PK	___ 6	___ Title 1	___ 504
___ K	___ 7	___ Migrant	___ RTI/MTSS
___ 1	___ 8	___ Gifted & Talented	___ Autism
___ 2	___ 9	___ Special Education	___ Dyslexia
___ 3	___ 10	___ Bilingual/ESL	___ Career & Technology
___ 4	___ 11	___ At-Risk	___ Fine Arts
___ 5	___ 12	___ Economically Disadvantaged	___ AVID
		___ Early College HS	___ McKinney–Vento

___ Teachers
___ Community

Data Collection: What records or information will you need to evaluate this program? Where is the information located? When will this information be available? i.e. STAAR scores

Findings: What are the results of your analysis? Use data to support your findings.

Reflect on Objectives: What objectives did you meet? Which did you not meet? Please explain.

Next Steps: What do you plan to do next? Based on your original objectives, what will you be changing for the next iteration of this program? Why will you continue or not continue?

Project evaluation, at its best, is a tool for learning. How will your school/department use what you have learned from this project to guide your planning and activities in the future?

Final Recommendation for the Program:
___ Continue this program   ___ Discontinue this program

Signature/Title of Person Completing This Form:

_____