

Teacher Evaluation Form

(**Deadline:** Must be submitted by **September 28, 2020**. Failure to submit this form will prevent participants from making application for future grants.)

Dear Grant Recipient:

We are interested in the implementation of all projects funded by Mabank ISD Education Foundation and the impact on students and learning. As a grant recipient, we want to know if you met your goals, and what results were measured. This information will enable us to show that Mabank ISD Education Foundation Grant Recipients are making a difference and help us leverage the most successful projects, inspire community support and generate additional resources to enhance educational opportunities for all of our students.

Project Title: _____

Your Name: _____

Campus: _____ Grade(s) _____

Subject: _____

Number of Students Affected: _____

Total Cost of Project: _____

Date grant awarded: _____ Date grant implemented: _____

Is the grant still operating?

Yes

No

What were your stated objectives for this project?
Describe how these objectives were measured:
Did you meet your goals and objectives for this project? Please explain.
Please describe any unanticipated results whether they be positive or negative.
If you were to do this again, or if the project were replicated, what modifications or budget considerations would you recommend?
Please list any additional information you wish the CEF Board to know about your grant. Please attach any photos, videos, or supporting documents. (We love visuals to share with our donors!) Or email them to Mabankisedfoundation@gmail.com .

Please submit this completed form to: Mabankisedfoundation@gmail.com

