



## GRANT POST ASSESSMENT

**Deadline:** Please complete this assessment and return it to the Foundation according to your grant contract.

Program Title:	Grant Coordinator:
Number of Participating Students:	Dates of Program Implementation:
DID THIS GRANT TARGET EXTENDED LEARNING OPPORTUNITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT WERE THE OBJECTIVES OF YOUR GRANT?	
WHAT WERE THE MOST SIGNIFICANT ACHIEVEMENTS OF YOUR PROGRAM?	
WHAT STUDENT OR PARENT FEEDBACK DID YOU RECEIVE?	
WHAT CHALLENGES WERE IDENTIFIED DURING YOUR GRANT PROGRAM?	
WHAT MODIFICATIONS WOULD YOU MAKE TO YOUR GRANT PROGRAM?	
WILL YOU CONTINUE THIS PROGRAM? WHY OR WHY NOT?	
OTHER COMMENTS:	

- Photos submitted?
- Labels affixed to purchased grant materials?
- Display board submitted?