

*Atlantic County Special Services School Education Foundation –
Partners of the Disabled*

Mini Grant Final Evaluation Report

Recipient(s) Name: _____ Date: _____

Project Title: _____ Subject Area(s): _____

Number of Students Served: _____ Grade Level: _____ Cost of Project: _____

Goals and Activities: (As stated in project and updated after implementation)

Implementation:

1. Did you encounter any problems in implementing the project? If yes, please specify.
2. What suggestions would you make to someone expanding upon your project?
3. Were parents or other volunteers involved in the project? In what ways? To what end?

Outcomes:

1. What impact, if any, has this project had on children and their learning?
2. Did the project meet the goals set at the beginning?

3. Were there any unexpected results from this project?

Relevance:

1. Will the project be short-term or last beyond the grant period?
2. Have plans been made to encourage continuation of the project?
3. What would have happened without the grant?

Personal Comments:

We would appreciate your comments or suggestions regarding the Mini Grant Program.