



LASF Allocations Program Grant Evaluation Form

1. Project number and title: _____
2. School _____ Grade level _____ Year of grant _____
3. Name(s) of grantees _____
4. Please restate the purpose and goal of this grant:

5. Did the project fulfill your goals? If so, how? If not, why? What did it accomplish?

6. Please rank overall success of the grant:

Very successful	Moderately successful	Not successful
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Comments:
7. Would you recommend this grant to other teachers in your school, other teachers at the same grade level in other schools, or for a different grade level? Please list any criteria or challenges they might have in implementing this grant.
8. Would you recommend a change to this project for anyone interested in a similar one? Include teaching materials, timing, presentation, etc.
9. Will you be utilizing this program during the next academic year? Will funding be necessary? What funding sources do you intend to approach?