

Medfield Coalition for Public Education Grant Evaluation

Please submit this evaluation to your school representative upon completion of your project.

Grant Recipient _____

Project Title _____

Grant Number _____ Grant Amount _____

Briefly describe your original grant request/project.

Now that your project is completed, describe the results in terms of your goals and objectives.

Discuss the successes and problems encountered in your project.

What impact has your project had on your students, your colleagues, and/or your school?

Other comments?

Signed _____ School _____