



MINI-GRANT WRAP-UP EVALUATION & RUBRIC

Applicant/s Name: _____

School: _____

Date of Mini-Grant Approval: _____

Title of Mini-Grant: _____

Approved Budget Amount \$ _____

Brief description of the Mini-Grant program/project: _____

KEY: ① Not at all ② Somewhat ③ Moderate ④ Effective ⑤ Extremely Effective

1) Did the Mini-Grant accomplish the goals as stated in your application?	No	1	2	3	4	5	Yes
2) Will you request funds to continue the program/project?	No	1	2	3	4	5	Yes
3) Will you recommend this program/project to other schools or teachers?	No	1	2	3	4	5	Yes
4) Was the program compatible with the curriculum?	No	1	2	3	4	5	Yes
5) Did students learn something they otherwise would not have learned from traditional curriculum methods?	No	1	2	3	4	5	Yes
6) Would the grant be appropriate for your grade level as a whole?	No	1	2	3	4	5	Yes
7) Would this grant be worth repeating in the future?	No	1	2	3	4	5	Yes
8) Would this grant be replicable in the other schools in the district?	No	1	2	3	4	5	Yes
9) If this grant paid for an outside presenter/assembly, can you teach this material in the future?	No	1	2	3	4	5	Yes

10) List the three most important highlights of this grant relating to the specific observed benefit to the students involved:
1. _____ 2. _____ 3. _____

11) What specific recommendations would you make to a teacher considering replicating this grant for his/her classroom?

12) Did the implementation of this grant require any additional teacher training/development? If so, please explain.

NOTES:

Please add any comments or suggestions that might be helpful. _____

