



GRANT PROGRAM – ASSESSMENT

Please complete and send this document to: Kara Flynn: Kara.Flynn@K12.sd.us within one month after the completion of your project.

If you have any questions about the application or the process, please contact Kara Flynn 605-430-7693.

Part I:

Grant Writer's NAME	
SCHOOL	
GRADE LEVEL/ SUBJECT	
Name of the Grant Proposal	
Grant Proposal summary (This ONE sentence description should include clearly stated goals (or big ideas) telling the reader what will happen and how the proposal will address student learning.)	
Date of project completion	

Part II:

Please complete the following as directed, Please contact Kara Flynn @ 430-7693 with questions.

A. Impact on student learning:

Please describe how this project affected student learning. In this description, please include the problem statement from the grant proposal (or what was happening before the project) and the impact on student learning (or what was happening after the project. Please reference your objectives (or what you wanted your students to know and be able to do) in this description. Use your assessment that you submitted as a part of your grant proposal as a guide to write this narrative.

A. Impact on student learning:

B. Questions

1. How many students were meaningfully impacted by this project? (Please describe)

2. Budget-

a. Did you use all the funds allocated for this grant?

b. If you needed additional funds, were you able to find this money and how did you find it? (matching funds? Additional grant? Etc.)

3. Timeline or "When did the project start and when was it completed?"

4. Please give us feedback regarding this grant process and any recommendations you have for the future.

5. Would you apply for a grant again in the future?

If so, what are some ideas you may have at this point?