



## Final Grant Evaluation Report Fall 2025

Name(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Grant Title: \_\_\_\_\_

What school/department was impacted by this grant?

\_\_\_\_\_

Were you able to collaborate with additional staff/ classrooms/ buildings?

\_\_\_\_\_

Please give a brief summary of how you utilized the grant funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a summary of how this grant impacted your students/ classroom (use additional paper if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this program/technology to other staff members?

\_\_\_\_\_  
\_\_\_\_\_

Any additional comments?

\_\_\_\_\_  
\_\_\_\_\_