

## SELF Grant Evaluation Form

**Deadline:** Required completion by **June 30, 2023**.

*Dear Grant Recipient:*

*We are interested in the implementation of all projects funded by the Springfield Education Foundation and the impact on students and learning. As a grant recipient, we want to know if you met your goals, and the results. We want to share how SEF grants are making a difference. Your input will help us leverage the most successful projects, inspire community support and generate additional resources to enhance educational opportunities in Springfield Public Schools.*

**Project Title:** \_\_\_\_\_

**Grant:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade(s)** \_\_\_\_\_ **Subject(s)** \_\_\_\_\_

**Number of Students** \_\_\_\_\_ **Total Cost of Project** \_\_\_\_\_

Did you meet your stated objectives for the project? Please explain.

Tell us a story how your project helped a student. Include pictures, quotes, etc. if you wish.

Please attach or send photos to [info@springfieldeducationfoundation.org](mailto:info@springfieldeducationfoundation.org)