

Cliff Williams Memorial Foundation

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Grant Evaluation Form

Due Date: 4/15/current year

Return to Cliff Williams Memorial Foundation

School: _____

Teacher / Teachers Who Received Grant: _____

Grade Level(s): _____ Subject Area(s): _____

Student Description and Number served: _____

Grant: *(What did you receive?)*

Grant Design: *(Describe HOW your grant was used and WHO used it.)*

Goals and Objectives: *(Did the grant meet your intended goals and objectives? Why or why not?)*

Evaluation: *(How did you measure the effectiveness of your request regarding student achievement? State assessment method.)*