Readington Home School Association, Inc.

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P.O. Box 700, Whitehouse Station, New Jersey 08889

Mini-Grant Evaluation

*(Due to the H.S.A. within 30 days of completion of Program)*

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| --- | --- |
| Applicant’s Name: |  |
| School / Grade / Subject: |  |
| Program Title: |  |
| Summary: |  |
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**Please answer the following questions:**

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| 1. | What was the timeline of the Program? Was it maintained? If not, please explain. |
| 2. | How many students were impacted by the Program? |
| 3. | How did the Program impact current and future student learning? |
| 4. | Please explain how the Program was innovative. |
| 5. | Is there any future change you’ll make as a result of this Program? |

*Mini-Grant Evaluation, continued*

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| --- | --- |
| 6. | If your results varied from the original Program goals and/or objectives, please explain and comment.  |
| 7. | Please rate the success of the Program on a scale of 1 to 5:

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| --- |
| Scale: |
| (1) | Not at all successful--wouldn't do it again. |
| (2) | Somewhat successful, but short of goals...would consider doing it again, but with changes |
| (3) | Successful...met goals/objectives |
| (4) | Very successful...significantly exceeded goals/objectives |
| (5) | Successful beyond wildest expectations |
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| 8. | Please comment on the overall success or lack of success of the Program.  |
| 9. | Please attach or include examples of any news coverage or other public relations materials that communicated information about the Program to the community. |
| 10. | Please offer any suggestions about how the H.S.A. might improve its Mini-Grant Request and Mini-Grant Evaluation process. |

**Please return to your school’s H.S.A. mailbox, attention: Lindsay Salaj, President**

**Or email to** **readingtonschoolshsa@gmail.com**

Thank You !