



INNOVATIVE TEACHING GRANT EVALUATION FORM

This form may be submitted electronically by the designated deadline.

Deadline: Required completion by **Tuesday, March 3, 2026**

Dear Grant Recipient: We are interested in the implementation of all projects funded by the Woodsboro Education Foundation and the impact on students and learning. As a grant recipient, we want to know if you met your goals, and what the results were. We want to share how WEF Teacher 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 Woodsboro ISD.

Project Title: _____

Name: _____

Campus _____ Grade(s) _____ Subject(s) _____

Number of Students _____ Total Cost of Project \$ _____

What were your stated objectives for the project? _____

How did you measure them? _____

Did you meet your goals and objects for the project? Please explain. _____

Please describe any unanticipated results – positive or negative. _____

If you were to do this again, or if the project were replicated, what modifications or budget considerations would you recommend? _____

