



## 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? \_\_\_\_\_

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