



Evaluation Report

(Must be submitted by the end of the current school year. Please submit pictures if applicable)

Project Title: _____

Submitted By: _____

Grade Level: _____ Number of Students Involved: _____

Duration of Project: (i.e. days, weeks, months, school year, etc.) _____

By what criteria did you measure the expected outcomes (1-2 paragraphs)

Participating Students' Responses to Project (pros and cons) (3-4 students)

Would you do this project again? Why or why not?