BRUENING FOUNDATION
Technology Small Grant Evaluation

PROJECT INTRODUCTION (Please type or print)

Project Title: _____

Project Begin Date: _____ Project End Date: _____

Amount Awarded: _____

GRANT INFORMATION

Applicant Name: _____School Name_____

Phone Number: _____ E-Mail Address: _____

1. How did participation in the Bruening Foundation Technology Small Grant impact your teachers ***and*** students?

2. How did participation in the Bruening Foundation Technology Small Grant assist with the implementation of the curriculum goal of your school improvement plan?

Please use the following rating scale to answer the items below:

1- Strongly disagree ⟷ 5- Strongly agree

THIS PROJECT…

a. increases our school's social network of technology users _____
b. increases our school's access to educationally relevant technology programs _____
c. allows our teachers to communicate with peers about technology _____
d. allows our students to be actively involved in hands-on activities/lessons _____
e. allows students opportunities to use higher order thinking skills _____

FINANCIAL INFORMATION- ***Attach all original receipts***

VENDOR	DESCRIPTION	AMOUNT

Grant Evaluations are due May 1, 2008 www.oce-ocs.org/oce/teachers/edtech