**SABBATICAL GRANT EVALUATION FORM**

**Applicant’s Name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions:**Provide examples of the evidence the Central Staff Development Committee can expect to receive that will demonstrate that you addressed the goals of the Sabbatical Grant. The CSDC will give preference to proposals that provide a clear link to student learning. Attach additional sheets if necessary. Upon completion of the grant activity, the CSDC will expect a submission of the evidence outlined below or indications from the building level administrator that plans are in place for presentations and/or activities cited below.

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

Applicant’s Signature         Date Principal’s Signature         Date

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Sabbatical Proposal Name