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 __________

Sabbatical Proposal Name ______________________