



## ACADEMIC EPER ACTIVITY SUMMARY AND CRITIQUE

(DUE NO LATER THAN MAY 30<sup>TH</sup>)

Activity Must Match Title in CHEA Contract

EPER ACTIVITY \_\_\_\_\_ DEPT. \_\_\_\_\_ GRADE \_\_\_\_\_

DATE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ BUILDING \_\_\_\_\_ GROUP \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND ALL REQUIREMENTS SATISFIED BEFORE PAYMENT WILL BE MADE.  
INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION

ADVISOR (Print & Sign) \_\_\_\_\_ EMPL ID # \_\_\_\_\_

CO-ADVISOR (Print & Sign) \_\_\_\_\_ EMPL ID # \_\_\_\_\_

- |   |     |    |     |
|---|-----|----|-----|
| 1. All equipment has been inventoried and properly stored | YES | NO | N/A |
| 2. Program needs for next year have been assessed         | YES | NO | N/A |
| 3. An order for program needs/materials is attached       | YES | NO | N/A |

COMMENTS AND/OR SUGGESTIONS FOR IMPROVEMENT:

APPROVED FOR PAYMENT

BUILDING ADMINISTRATOR \_\_\_\_\_

ASSISTANT SUPERINTENDENT \_\_\_\_\_

DIRECTOR OF BUSINESS OPERATIONS \_\_\_\_\_

ADVISOR PAYMENT AMOUNT: \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_

CO-ADVISOR PAYMENT AMOUNT: \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_