

"Enhancing the Education of Tomorrow's Leaders

PROGRAM/PROJECT EVALUATION REPORT

NAME:_____ DATE_____

PROGRAM NAME:_____

NUMBER OF STUDENTS IMPACTED: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. **A brief report on the program (participants, dates, highlights, etc.)**

2. **Did the program meet your measurements for success? (Please provide details including data if applicable)**

3. **Any additional comments you wish to add to this Program Evaluation Report. Please attach any quotes from students, teachers, or administrators and submit photos of the project that we can use on our website, newsletters, videos or flyers.**

Please return to Kathy Miller, FFES Director, 1801 Bushkill Drive, Easton PA 18040 or ffedirector@eastonsd.org by June 1 of the funding & implementation year.