

Sheffield-Sheffield Lake City Schools
End of Program Evaluation of
Developmental Extra-Curricular Activities Fund (DECAF)

Name(s): _____

School: _____ School Year: _____ Fee %: _____ %

DECAF NAME : _____

Time Frame: _____ 1st Semester _____ 2nd Semester _____ Year Long

I. Please attach your log of hours spent on this proposal. Break down into categories that may include instruction and setup, cleaning and maintenance, assisting, compiling, designing, printing, copying, planning, in-servicing, presenting, writing, etc.

II. Please list who and how each person(s) benefited from this proposal, i.e. students, teachers, parents, community, and other.

III. How do you evaluate the success based on the outcome of each of your original objectives?

IV. Will you be proposing this project for next year? Why or why not.

V. What modifications, if any, do you foresee in the following years to warrant continued funding? Any funding adjustments?

Proposer Signature

Date

Principal's Evaluation (as needed):

Principal Signature

Date