

**Innovative Teaching Grant Program  
PRINCIPAL EVALUATION – DUE JUNE 1**

---

- ✦ Grant Title: \_\_\_\_\_
- ✦ Name of campus/department: \_\_\_\_\_
- ✦ Grant Writer/Coordinator: \_\_\_\_\_
- ✦ Number of employees involved: \_\_\_\_\_
- ✦ Number of students involved: \_\_\_\_\_
- ✦ Grade level(s): \_\_\_\_\_

1. Were you involved in the process and/or did you observe the project? Explain.
  
  
  
  
  
  
  
  
  
  
2. Would you recommend this project for other grade levels, classes and/or campuses? Why or why not?
  
  
  
  
  
  
  
  
  
  
3. Additional comments.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

---

This section to be completed by the HOPE Board of Directors.

Date Received: \_\_\_\_\_

---