

**Please return to CFE
with Expense Report
by Monday, 6/7/10**



2009-10 CFE Small Grant Final Report

(Teams: The 2009-10 CFE Small Grant Final Report is required from EACH Member of the Team. The Expense Report, however, is only completed by the Lead Teacher.)

Teacher Name _____

Project Title _____ CFE Grant # S0910- _____

If this is a Team award, are you the Lead Teacher? Yes No

Number of students you directly instructed with this Small Grant? _____ (*conservative estimate, please*)

Will your professional portfolio or performance evaluation reflect your Small Grant award? Yes No

Are you interested sharing your project as a CFE Study Group Coach next year? Yes No

Are you interested in learning more about becoming a CFE Teacher Liaison? Yes No

Please recommend any colleagues you would encourage to attend CFE's Workshop and/or apply for CFE grants:

Name: _____ School: _____

Name: _____ School: _____

1. Please consider your Small Grant experience and indicate your level of agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a. This grant significantly impacted my professional growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This grant allowed me to respond to the specific needs of my students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I plan to implement this project again in my classroom/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This experience helped me become a more effective teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This grant allowed me to be more innovative in my approach to teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. This grant increased my enthusiasm for implementing new teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This experience helped me develop leadership capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This grant validated my expertise as a professional educator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I plan to pursue additional professional development opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I shared information about my grant project with others at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I would recommend the CFE Small Grant Program to my colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have increased or renewed commitment to teaching in Chicago Public Schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidentiality: All information provided will be kept in strict confidence. No information will be shared with administrators, Chicago Public School personnel, or any researcher not hired by the Chicago Foundation for Education exclusively for the purpose of evaluating, analyzing and developing CFE programs.

