



REDLANDS EDUCATIONAL PARTNERSHIP  
&  
THE PHYSICIANS OF THE BEAVER MEDICAL GROUP  
*GRANTS FOR TEACHERS 2021-22 EVALUATION*

**Applicant's Name:** \_\_\_\_\_ **Grade/Level/Subject:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Amount of Grant:** \_\_\_\_\_

**We welcome your honest feedback. Your comments will aid REP as we evaluate our program and strive for continued improvement. Program Evaluation:**

**Please write three to five sentences describing specifically how this Grant impacted your students' education.**

**Have you previously applied for a REP Grant? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you previously received a REP Grant? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, what year did you receive your Grant and what was the amount of your Grant? \_\_\_\_\_**

**Did you submit your receipts by March 1<sup>st</sup>, 2022 as you agreed to on your Application? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If no, why not? \_\_\_\_\_**

**Did you submit your Evaluation by March 1<sup>st</sup>, 2022 as you agreed to on your Application? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If no, why not? \_\_\_\_\_**

**If Grants for Teachers is offered again, would you apply again? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If no, why not? \_\_\_\_\_**

**Email your receipts for proof of purchase(s) and your completed Evaluation to Linda Macleod, Chairperson, at [CaptLinda3264@gmail.com](mailto:CaptLinda3264@gmail.com)**