

ENVIRONMENTAL EDUCATION FINAL REPORT

	Grant Number	School/Organization Name	
1.	Student Outcomes Measurements: Please report the • Were served by the project:	number of students who:	
	Expressed a change in attitude or demonstrated a lifestyle change by the impact of the project: How was the change measured (pre- and post-tests, etc.)? Showed increased knowledge of the subject matter taught or from participating in the project: How was the change measured (pre- and post-tests, etc.)?		
	 Actively participated in the energy team, if one was started by your school: Actively collected recycling materials, if your school started a recycling team: 		
		ase list the action, such as "volunteered for cleanup event"):	
2.	. Community Outcomes Measurement: Please report if and how your community was effected or impacted from this project. Did your community receive a positive improvement from your project (for example, access to recycling or a garden at your school, litter reduction due to a cleanup event)? Yes No If yes, please explain the improvement that took place for your community		
 Improvement Measures: Please report the improvement made to your school or organization from this project. Recycling: Amount of items recycled: weight or number of bags (circle one) Energy savings: How many dollars were saved/or reduced from implementation of your project? OR How many KWH were saved from implementation of your project? Water conservation: How many gallons of water were conserved by implementation of your project? OR How many dollars were saved/or reduced by implementation of your project? Books and resource kits: How many times have the books or resource kits been checked out by students or used b teachers? Community or school garden: How many students participated regularly in growing and overseeing the garden? How many community members participated in growing the garden (if applicable)? What types of items and how many of each item was grown? 			
1.	Is your project complete? Yes No If not, why and when do you expect it to be complete?	If yes, date completed	
5.		If not, why?	
Sig	gnature of Authorized Representative	Date	

Please fax or email this report by April 30, 2016 to:
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