



ENVIRONMENTAL EDUCATION FINAL REPORT

Grant Number

School/Organization Name

1. **Student Outcomes Measurements:** Please report the **number of students** who:

- Were served by the project: _____
- 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: _____
- Completed an action as a result of the project (please list the action, such as "volunteered for cleanup event"): _____

2. **Community Outcomes Measurement:** Please report if and how your community was affected 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. _____

3. **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 by 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? _____

4. Is your project complete? Yes _____ No _____ If yes, date completed _____

If not, why and when do you expect it to be complete?

5. Did you meet your goals? Yes _____ No _____ If not, why? _____

Signature of Authorized Representative

Date

Please fax or email this report by September 15, 2018 to

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