

School:

Name of Person Completing Form:

Name of Project:

Number of Students Involved:

Grade Level of Students Involved:

Project Start Date:

Project End Date:

Total Cost of Activities:

Itemized List of Purchases Made with Funding

Brief Description of Completed Project

Final Reflections/Observations:

School Principal Signature:

Date:

Please forward this completed form to: **Pat Murphy, Coordinator of Student Services**
pat.murphy@avrsb.ca, Fax: 902-538-4630, or via Board Courier
by the last teaching day in June