

# North Andrew R-VI School District Program Evaluation

**Date of Report:** \_\_\_\_\_

**Name of Program, Activity, Department or Grade Level:**

\_\_\_\_\_

**Name of Person(s) filing this report:** \_\_\_\_\_

**Anything new/exciting going on:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Strengths:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Concerns and/or areas where improvements can be made:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Method used to evaluate/assess program and results of assessment:**

\_\_\_\_\_  
\_\_\_\_\_

**MAP Test Results:**

\_\_\_\_\_  
\_\_\_\_\_