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| TPS Grantee Organization Name |  |
| Quarterly Reporting Period |  |
| Date of Report |  |
| Organizations/Partners Involved |  |
| Description of Grant Activities since last report |  |
| Number of teachers/educators reached through TPS activities this quarter |  |
| Total number of teachers reached to date (this grant only) |  |
| Projected grant activities for next quarter |  |
| Reflection on your Evaluation and Assessment plans this past quarter  (Including the number of completed participant products such as lesson plans, ARS’s, DBQ’s etc…) |  |
| Outcomes  (Changes in teachers and/or student knowledge, skills, and/or behaviors resulting from your program initiatives) |  |
| Please highlight any successes, reflections or lessons learned |  |
| Are there any challenges that you would like to note? |  |
| Do you have any questions for or need any assistance from the TPS-Western Region? |  |