

# PROJECT REPORT

This form is to be filled out after each Team Spirit Action Plan is implemented.

High School Name: \_\_\_\_\_

Action Plan Problem Statement: \_\_\_\_\_

Action Plan Goal Statement: \_\_\_\_\_

Activity planned: \_\_\_\_\_

Date(s) held: \_\_\_\_\_ Location: \_\_\_\_\_

Number of students involved: \_\_\_\_\_ Number of advisors involved: \_\_\_\_\_

Other groups involved: \_\_\_\_\_ Cost of project: \_\_\_\_\_

How financed: \_\_\_\_\_ Guest participants: \_\_\_\_\_

Briefly describe the project/event: \_\_\_\_\_

Was project evaluated? Yes \_\_\_\_\_ No \_\_\_\_\_

Results of evaluation? \_\_\_\_\_

Reported by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Additional  
Comments: \_\_\_\_\_

Keep (1) copy of this for your records & send (1) copy to TEAM SPIRIT Coordinators:

Cape Girardeau Safe Communities Program, Attn: Sharee Galnore or Lynn Ware  
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