Evaluation Resources

Evaluation Process Overview

Story Collection Lead Sheet

Revision 1.0
May, 2007

Story Collection Lead Sheet

Program Name: _____

Your name: _____ Contact info.: _____

Date of story: _____ Time: _____

Place: _____

People involved: _____

Facts of the story as you observed or heard them:

_____

_____

_____

_____

_____

Change that occurred to individual, group of people, or community:

_____

_____

_____

_____

_____

How did the Intel® Education program promote this change?

_____

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_____

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Indicate the student outcome indicators to which this story applies. (**Note:** These are some of the key program outcomes that are observed for students. In your country context, there may be additional outcomes. Please indicate if this is the case.)

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