

Impact Evaluation for PDGLAC 2015-16

Name of School:

Allocation Amount:

Name of Local Authority:

A. Objective/ Action	B. Actual Impact (Has the desired impact been met?)	C. Evidence (Quantitative or qualitative)	D. If the desired impact has not been achieved, please provide reasons?	E. Additional information
1. Objective/ Action	Choose an item.			
2. Objective/ Action	Choose an item.			
3. Objective/ Action	Choose an item.			