*Student Wellbeing and Inclusion*

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| **Northern Territory Department of Education**  **NT Government Programs**  **Year 2018/2021 Community Based Special Education Program**  **EVALUATION 2020 - 2021**  Please tick the appropriate box:  ❑ 2020 – Interim Evaluation and Acquittal due 30 June 2020  ❑ 2021 – Final Evaluation and Acquittal due 30 June 2021 |

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| **Organisation:** |  | **Phone:** |  | | **Fax:** |  |
| **Postal Address:** |  | | | | | |
| **Manager:** |  | **Coordinator** | |  | | |
| **Registration Number (ABN):** |  | **Amount $:** | |  | | |
| **Project Title:** |  | | | | | |

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| **Acquittal** |
| We certify that the above Grant has been used in accordance with the NT Government Guidelines and will be detailed in the association / organisations 2018 annual audit.  Program Manager’s Signature ……………………………………………. Date ……………………..  Registrar’s Signature ………………………………………………………. Date ……………………..  Amount spent 2020 $ …………………………… Amount being returned to SWI $ ………………….  Amount spent 2021 $ …………………………… Amount being returned to SWI $ …………………. |

**Please complete the appropriate section:**

|  |  |  |
| --- | --- | --- |
| **2020 Outcomes** | **2020 Targets** | **2020 Achievements of Targets** |
| As stated in the Project Outline | As stated in the Project Outline | Please attach your data as identified in your Project Outline to support these achievements. |

**Continued:**

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| --- | --- | --- |
| **2021 Outcomes** | **2021 Targets** | **2021 Achievements of Targets** |
| As stated in the Project Outline | As stated in the Project Outline | Please attach your data as identified in your Project Outline to support these achievements. |

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| --- | --- |
| **Coordinator** | **Manager** |
| Signature  Date | Signature  Date |