



# BEGINNING TEACHER NETWORK FINAL REPORT

EDUCATION STANDARDS AND PRACTICES BOARD  
SFN 60433 (06-2016)

Send completed report to:  
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**Final report is due at 4:00pm on May 31st**

Name of Beginning Teacher Network		
Name of Grant Coordinator		
Mailing Address for Payments		
City	State	ZIP Code

### Documentation needed for final payment:

- A final list of all activities carried out under the grant. Please include artifacts such as meeting schedules, communications, etc.
- Documentation of Network evaluation results
- A brief Grant Coordinator's evaluation of Network activities and "lessons learned" this year.
- Any suggestions you have for the ND Teacher Support System as we plan for the future
- All Meeting Sign-in Sheets
- Completed and Signed *Final Reporting Form*

### Summary – Final Payment

Total Facilitator and Presenter Expenses (from page 2)	\$
Total Meeting Expenses (from page 3)	\$
Subtotal of Expenses	\$
Plus 5% District/REA Administration Fee	\$
<b>Total Expenses</b>	\$
Total Amount of Approved Funds from the ND Teacher Support System (TSS)	\$
Minus Grant Funds Previously Received	\$
<b>Amount of Final Payment Requested</b>	\$

For Use by Teacher Support System
<b>APPROVED FOR TEACHER SUPPORT PAYMENT</b>
DATE:
CODE: 609

### Numbers Served

Number of first-year teachers who attended only one session	
Number of first-year teachers who attended more than one session	
<b>Total number of first-year teachers who participated in program</b>	

### Submittal Information

Beginning Teacher Network Name	Date Submitted
Grant Coordinator Name	Signature
Fiscal Agent/Business Manager Name	Signature



