

TAH Grant Research Days

Name: _____

Names of other Participating Members: _____

Date: _____ Hours: _____

Describe the Research Activity: (Research, Technology, Lesson Development, Planning, Organization, etc.)

Identify the place where the activity will take place: (School, Public Library, The Hermitage, etc.)

Document what was accomplished: (Identify resources, attach documentation if appropriate)

Approval Signature: _____ Date: _____