

# Dare to Dream Evaluation Form

Project Number:  
Project Name:  
Reviewer Name:

This form is used to evaluate Dare to Dream project applications. Review each application immediately following your independent review at home. During the meeting, each application will be evaluated following a short presentation and group discussion. You will then be asked to re-evaluate the application. Please use the 1-5 scale below to assist you in making a recommendation. According to the rating scale below:

## Rating Scale

1	2	3	4	5
Absent/Not there	Weak	Good	Above average	Excellent

## Evaluation Criteria

### 1. Project Idea

- The project is innovative and creative! 1 2 3 4 5
- The project addresses how the youth plans to promote mental health awareness among applicant's peers and/or community 1 2 3 4 5

Total: \_\_\_\_\_

### 2. Project Goals

- The overall goals of the project are clearly stated 1 2 3 4 5
- The goals are realistic and achievable 1 2 3 4 5
- The impact this project will have on the applicant's peers/ community is clearly demonstrated 1 2 3 4 5

Total: \_\_\_\_\_

### 3. Relevance to Child and Youth Mental Health

- The project relates specifically to child and youth mental health in the Province of Ontario 1 2 3 4 5
- The focus of this project is on mental health awareness and decreasing stigma related to mental illness among youth 1 2 3 4 5

Total: \_\_\_\_\_

### 4. Project Action Plan

- The action plan is well thought out 1 2 3 4 5
- The steps the applicant will take to plan the project, set it up and complete it are clearly described 1 2 3 4 5
- The plan demonstrates creativity and organization 1 2 3 4 5

Total: \_\_\_\_\_



**5. Project Evaluation**

- The applicant has clearly described his or her plans for project evaluation 1 2 3 4 5
- The evaluation WILL confirm whether the project has been successful in involving peers and/or community 1 2 3 4 5

**Total:**\_\_\_\_\_

**6. Spending the Money**

- The budget for the project is less than or equivalent to \$1000.00 Or in the Case of a group \$5000.00 1 2 3 4 5
- The cost of budget items are reasonable and make sense 1 2 3 4 5
- Monies invested in this project will contribute directly to the project's anticipated impact or benefit 1 2 3 4 5

**Total:**\_\_\_\_\_

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**TOTAL:**\_\_\_\_\_ (75)

**Overall Reviewer Recommendation:**

- Yes, this project should be funded
- Yes, this project should be funded if some conditions are met
- No, this project should not be funded, but suggestions will be provided

