

If we could end hatred.



Imagine what
more we could do



Project Fulfillment Form 2018-2019

Please submit this form **WITHIN 1 MONTH** of the project's completion.

Refer to the **Project Planning Checklist** and **Project Guidelines** before completing this form.

School Name _____
(as you would like it printed on your banner)

School District _____

Main Contact _____

Phone () _____

Email _____

Today's Date ____/____/20____

1. What number No Place for Hate project was this for this year (Project #1, 2, 3, etc.)? _____
2. What was the title of this project? _____
3. Did all students directly participate in this project?
 - Yes
 - No (Projects must have whole-school impact, even if not all students directly participate. Explain how all students benefitted or learned the project's lessons from those who directly participated.)

4. Did you make any changes to the project as described on the Request for Project Approval Form?
 - No changes
 - Yes (Please describe any changes)

5. What was the goal of this project? Do you feel like you met this goal? Why or why not?

6. Did this project effectively teach about one or more No Place for Hate themes? (check all that apply)

- Challenging Bias and Bullying
- Celebrating Diversity
- Promoting Respect for Others' Differences

Why or why not?

7. Would you do this project again? Why or why not? What changes would you make, if any, to make the project more effective?

Remember to collect anecdotal, visual, statistical, written or other data/supplementary materials during and after the project.

Please return this form to the ADL; send via email to the address below.

For more information, visit: <http://philadelphia.adl.org/noplaceforhate>

Anti-Defamation League

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