

**Missouri Chapter of the American Physical Therapy Association  
Research Grant Program**

**FINAL REPORT FORM**

Principal Investigator: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Title of Research Study: \_\_\_\_\_  
\_\_\_\_\_

Projected Completion Date: \_\_\_\_\_ Final Report Deadline: \_\_\_\_\_

I. Please respond to the following questions and provide a brief explanation on an attached page for any "NO" responses.

A. Project was completed as proposed [ ] YES [ ] NO

B. Project was completed on time [ ] YES [ ] NO

C. Actual budget was as projected [ ] YES [ ] NO

*(Substantive changes in the budget must be documented and approved by the MPTA prior to expenditures)*

II. Plans for dissemination of results

A. Poster presentation [ ] YES [ ] NO

where/when:

B. Oral Presentation [ ] YES [ ] NO

where/when:

C. Publication [ ] YES [ ] NO

where/when:

D. Other: [ ] YES [ ] NO

where/when:

III. Please attach a research abstract or description of project outcome (100 words or less) suitable for publication on the Missouri Physical Therapy Association website.