

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

INTERIM REPORT FORM

Principal Investigator: _____ Grant Number: _____

Title of Research Study: _____

Interim Report Date: _____

Projected Completion Date: _____ Final Report Deadline: _____

Please respond to the following questions and provide a brief explanation for any "NO" responses.

A. Was Collection of Data Completed by the Date Projected? [] YES [] NO

If NO, provide explanation & new completion date

B. Will research study be completed as proposed? [] YES [] NO

If NO, provide explanation

C. Will research study be completed on time? [] YES [] NO

If NO, provide explanation and new projected completion date (Note: this will be considered as a request to extend the deadline date for the final report)

D. Will funds be used as stated in budget summary? [] YES [] NO

If NO, provide explanation: (Note: Any substantive changes in the expenditure of grant funds requires documentation and approval from the MPTA)