As a professional educator your feedback is very important to us. Please take a few moments to answer the questions below.

1. Please rate the program in each of the areas below and add any comments you may have.

   EXCELLENT  GOOD  FAIR  POOR
   □  □  □  □  Ease of use
   □  □  □  □  Curriculum
   □  □  □  □  Experiments and Activities
   □  □  □  □  Success in meeting educational objectives
   □  □  □  □  Overall value

2. Was it helpful that the standards were presented in each area of the lesson plans?  □ Yes  or  □ No

3. Would you recommend this program to another teacher?  □ Yes  or  □ No

4. To what extent did the program supplement your classroom curriculum?  ________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

5. What do you see as TAPWater’s three main strengths?
   a. __________________________________________________________________________________________
   b. __________________________________________________________________________________________
   c. __________________________________________________________________________________________

6. What three things would you change or improve?
   a. __________________________________________________________________________________________
   b. __________________________________________________________________________________________
   c. __________________________________________________________________________________________

7. Additional comments: _________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

Please review and complete the reverse side.

Date: ___________________________
Your Name: __________________________________________________________________________________
School Name: ___________________________ Phone Number: ___________________________
School Address: ___________________________ E-Mail Address: ___________________________
City: ___________________________ State: _________ Zip Code: ___________________________
Grade Level: ___________________________ Subject Area Used: ___________________________

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