

Evaluation Form



Date: _____

Your Name: _____

School Name: _____ Phone Number: _____

School Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Grade Level: _____ Subject Area Used: _____

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ease of use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curriculum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Experiments and Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Success in meeting educational objectives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: _____

