



Education Day Class Evaluation

Evaluator's Name _____

Education Day Location _____

Grade: _____

Project Name: _____

Student Name(s): _____

School: _____

Class 1: _____

Important Concepts:

1. _____

2. _____

How helpful was this class for your students?

Circle One: Great Good OK

Class 2: _____

Important Concepts:

1. _____

2. _____

How helpful was this class for your students?

Circle One: Great Good OK

Class 3: _____

Important Concepts:

1. _____

2. _____

How helpful was this class for your students?

Circle One: Great Good OK

Class 4: _____

Important Concepts:

1. _____

2. _____

How helpful was this class for your students?

Circle One: Great Good OK

What new concepts, strategies, etc. were most meaningful and thought provoking to you as a learner?

How will you implement the new learning into your classroom/work situation?