Teacher Evaluation - Child Safety Workshop

Teacher's Name _____
Room #_____ Grade Level _____Date _____
Presenter's Name: _____

How do you rate the overall presentation?

1	2	3	4	5
Not at all				very much

Did the presenter answer questions effectively?

1	2	3	4	5
Not at all				Very much

Were the materials presented in a clear and organized manner?

1	2	3	4	5
Not at all				Very much

What materials were most helpful?

Do you have any suggestions on how the presentation could be more effective?

Are there any concepts that were not in the presentation that you think could be included?

How will you use the information in the Teacher's Packet?

Thank you for your input! Please return this form to the presenter or mail it to MCRCC at P.O.Box 2630 Monterey Ca 93942

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