

Enrichment Program Feedback Form

Teacher's name: _____

Grade level: _____

Program name: _____

Location of program (gym, cafeteria, playground, etc.):

Please circle a number below to indicate how much you agree or disagree with each statement.

1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

This program met my expectations.	1	2	3	4
This program was well organized.	1	2	3	4
The duration of this program was appropriate.	1	2	3	4
The presenter(s) kept my students actively engaged.	1	2	3	4
This program furthered my students' learning.	1	2	3	4
My students enjoyed this program.	1	2	3	4
This program was appropriate for a variety of learners.	1	2	3	4
This program supported the curriculum.	1	2	3	4

What changes, if any, would you recommend for this program?

Do you have any suggestions for future programs?

Additional comments:
