



Exploratory Enrichment Evaluation Form

Name of Program _____ Date of Program _____

Name of Evaluator _____ Title _____

Phone Number _____ Email _____

District _____ School _____

Grade Level(s) _____

(Rating: 1 Poor, 2 Fair, 3 Good, 4 Very Good, 5 Excellent)

Program

Education objectives were met: 1 2 3 4 5

Topics were well organized: 1 2 3 4 5

Supporting material/exercises were relevant 1 2 3 4 5

Program was appropriate length 1 2 3 4 5

Would recommend this program to others 1 2 3 4 5

Instructor/Presenter

Encouraged active participation 1 2 3 4 5

Presented at an effective pace 1 2 3 4 5

Was well prepared 1 2 3 4 5

Additional comments: _____



Exploratory Enrichment Program

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