



Date: _____

CURRICULUM ENRICHMENT PROGRAM EVALUATION FORM

Teacher: _____

Grade: _____

Program: _____

Performance rating: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Weak 1 = Poor

Did your class enjoy the program? 5 4 3 2 1

Did the program hold the students' attention? 5 4 3 2 1

Was the program appropriate for your grade level? 5 4 3 2 1

Was the program educational? 5 4 3 2 1

Does the program fit well with your curriculum? 5 4 3 2 1

Was this program worth time away from class? _____ Yes _____ No

Do you want this program again? _____ Yes _____ No

If yes, do you prefer: _____ same month _____ different month (_____)

Strong points of the program:

Weak points of the program:

Other comments:

Thank you!

Please return to PTO Curriculum Enrichment mailbox.