

CALIFORNIA POETS IN THE SCHOOLS TEACHER EVALUATION FORM

Classroom Teacher _____ Grade _____

School _____ County _____

Poet _____ Date _____

Please check as appropriate.

1= Strongly disagree 5= Strongly agree

The poet was professional, on time, and kept commitments 1 2 3 4 5

My students were inspired by the poet's lessons 1 2 3 4 5

My students learned more about the craft of poetry writing 1 2 3 4 5

My students learned more about oral presentation 1 2 3 4 5

I learned something new about the teaching of poetry 1 2 3 4 5

I learned something new about my students' capabilities and/or emotional life. 1 2 3 4 5

I would like to have a CPITS residency again Yes No

I would like to have this poet teacher back again
(Please give reasons) Yes No

Is there anything you would like to convey to us about your experience or the experience of your students, either a general comment or an anecdote?

Thank you for your time to complete this evaluation!

This information helps document the value of the CPITS program.

Please send it back to us via email to the program director, terri@cpits.org

Or fax to 415-221-4301 or snail mail to:

California Poets in the Schools

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