

## Teacher Evaluation *(please complete both sides)*

Teacher Name:

School Name:

# Students:

Date Visited:

1. How did you hear about this program?

2. Rate the ease of getting to the Erie Canal Museum.

1      2      3      4      5

Low

High

3. Rate how satisfied you were overall with your visit.

1      2      3      4      5

Low

High

4. Rate how engaging the staff members leading the program were.

1      2      3      4      5

Low

High

5. Rate how well the program fit into your curriculum/standards.

1      2      3      4      5

Low

High

6. Rate how well the program fit into what you teach about the Erie Canal in your class.

1      2      3      4      5

Low

High

7. Rate how likely you are to recommend this program to other teachers.

1      2      3      4      5

Low

High

8. Did you do the pre-visit activities with your students?

YES

NO

**IF YES:**

8a. Rate how useful the pre-visit activities were in preparing your students for their visit.

1      2      3      4      5

Low    High

8b. Rate how actively students participated in the pre-visit activity.

1      2      3      4      5

Low    High

**If NO:**

8c. Why not?

8d. What comments or suggestions do you have for the pre-visit activity?

9. Did you do the post-visit activity with your students?                          YES                  NO

**IF YES:**

9a. Rate how useful the activity was in reinforcing what your students learned on their visit.

1      2      3      4      5

Low    High

9b. Rate how actively students participated in the post-visit activity.

1      2      3      4      5

Low    High

**If NO:**

9c. Why not?

9d. What comments or suggestions do you have for the post-visit activity?