

Teacher Finish Form

B

After the last activity, complete this form and return it to your school coordinator or fax to 916.480.2773 or mail to above address.

Teacher: _____ Volunteer: _____ Grade: _____

School: _____ School phone: _____ Finish Date: _____

Was this a Financial Literacy Day (Done In A Day) Program? Yes _____ No _____.

Total number of hours volunteer spent in the classroom: _____

The purpose of this survey is to evaluate the experience of the teachers in our program and to ensure that we create an atmosphere that is positive and productive for all participants involved. Your comments will be used to evaluate program quality, which is paramount to our future. Thank you for being a part of the JA team!

Please indicate your level of agreement with each statement
by circling the appropriate number to the right>>

	Excellent	Good	Fair	Poor
1. Volunteer was effective in interacting positively with me	4	3	2	1
2. Volunteer was effective communicating with students.	4	3	2	1
3. Volunteer was dependable and prepared.	4	3	2	1
4. The JA material presented was age-appropriate.	4	3	2	1
5. The JA program is an effective learning experience for students	4	3	2	1
6. Students are able to apply concepts & skills learned through the JA program.	4	3	2	1

7. Give an example of how your students were able to apply the concepts & skills learned through the JA program

8. What aspects of JA did you find most successful?

9. What did you find most challenging?

10. Would you participate in the JA program again? Yes No

If no, please explain why:

11. What best describes your JA experience?

