

Community in the Classroom Evaluation for Volunteers

Volunteer name:

Presentation Title and Date:

Teacher Name:

School Name:

1. Did the presentation go smoothly?

The structure/length of the lesson	___ felt about right	___ need help to improve
The hands-on experience(s)	___ went smoothly	___ need help to improve
The vocabulary and discussion level	___ felt about right	___ need help to improve
Materials management	___ went smoothly	___ need help to improve
Classroom management	___ went well	___ was not that smooth

2 Please tell us about your experience with this class:

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
Students participated during Q&A	1	2	3	4
Students participated during hands-on activities	1	2	3	4
Students asked questions related to topic	1	2	3	4
Students were interested in your science background	1	2	3	4
Teachers were helpful with classroom management	1	2	3	4

3. Please tell us some student questions or comments that you found particularly revealing (or entertaining!).

4. What worked especially well during the presentation?

5. Were you able to contact the teacher in advance of your classroom visit? YES NO

If so, did you discuss:

<input type="checkbox"/> Classroom management tips	<input type="checkbox"/> Special needs students, if any
<input type="checkbox"/> Students' prior knowledge about your content/topic	<input type="checkbox"/> Materials and/or classroom set-up

6. What else would have been helpful to know about the class in advance?

7. What else could CRS have helped you with in terms of training or logistics to help you be better prepared?

8. You are providing a great benefit to elementary students and teachers. Are there any ways in which this program benefits you?

*Please use the back of this form for additional comments. **THANK YOU!***

Please complete this form and return to **CRS**: 1375 Ada Street, Berkeley CA 94702 ~ FAX (510) 527-5212