

Firewise in the Classroom

Teacher Evaluation

Date: _____

Teacher: _____ School: _____

Phone: _____ email: _____

- 1) How many students were enrolled in this class? _____
- 2) Were these students all 6th graders? _____
- 3) Were there enough educational materials in your kit? _____
- 4) If not, what was missing? _____
- 5) Were the materials in good condition? _____
- 6) Was the material appropriate for your students? _____

- 7) Are there any ideas or materials you would like to see added to these lessons? _____

- 8) In your opinion, were these lessons and concepts shared by students with their families? _____

- 9) Do you have any stories from the class or photos of your students during the program that you would like to share with the "Firewise in the Classroom" staff? _____

- 10) Would you like to receive these materials during the next school year? _____
- 11) What month would you like to present the lessons? _____

**PLEASE PLACE THIS EVALUATION FORM IN THE FRONT OF THE
TEACHER'S MANUAL WHEN RETURNING THE KIT.**

Thank you for your participation in this program.

The Lassen County Fire Safe Council