

BPS TEAM Science Kit Use Feedback Form

Please return this
evaluation form to
the Science Materials
Center via the PONY

Teacher input has been an important component in kit revision and improvement. We value your comments and appreciate your taking the time to complete this form. Thank you.

The quarter & year in which you used this kit: Q1 Q2 Q3 Q4 -- 20 ____
(Please circle one and complete the year)

1. Were there adequate supplies for you to work with your students?

YES NO

2. Using a scale from 1 to 5, 1 being very poor 5 being excellent, how did you find the condition of the kit upon arrival?

1 2 3 4 5

3. Have you used this kit before?

YES NO

4. Using a scale from 1 to 5, 1 being very poor 5 being excellent, rate your comfort level as a teacher with this kit.

1 2 3 4 5

5. Using a scale from 1 to 5, 1 being very poor 5 being excellent, rate the learning experience for your students.

1 2 3 4 5

6. Are you keeping kit consumables to continue activities with your students?

YES NO SOME

7. Are you collaborating with other teachers when you use this kit?

YES NO

8. In what ways are you using the kit library in your classroom?

9. Are children doing kit related activities outside of the classroom?
(i.e. home-school activities)

YES NO

Suggestions or Comments: