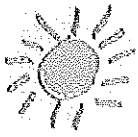


[Exit this survey](#)

Springboard

<https://www.surveymonkey.com/r/GGP3T57>

2015-2016 Evaluation for Classroom Teachers and School Administrators

 100%

Thank you for taking a moment to fill out this survey, it should take no more than 5-10 minutes. If you experience any problems, please contact adagostino@springboardstl.org

Thank you,
Springboard

Program Evaluation Goal:

The goal of this program evaluation is to help teaching partners / artists align their programs with the mission of Springboard.

Springboard's Mission:

Springboard's mission is to provide innovative educational resources that develop children's critical thinking, creativity, collaboration and communication skills through the arts, sciences and humanities.

* 1. What semester did the program take place?

- Fall Semester
- Spring Semester
- Summer

* 2. What grade levels participated in this program?

- | | | |
|---|----------------------------|-----------------------------|
| <input type="checkbox"/> PK | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> K | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | |
| <input type="checkbox"/> Other (please specify) | | |

* 3. What is the name of your school or organization:

[Empty text box]

4. Which district is your school in or the name of after school program?

[Empty text box]

* 5. What type of program was it?

Type

Please select from the pull-down menu

[Empty pull-down menu box]

Other (please specify)

[Empty text box]

* 6. What is the name of the Springboard program that occurred at your school / venue?

Programs

Please Select

[Empty pull-down menu box]

Other (please specify)

[Empty text box]

* 7. I observed the program engage student's in critical thinking (analyzing, problem solving, evaluating, tracking cause and effect)?

Not Observed

Observed 1-2 times

Observed 3-4 times

Observed 4-5 times

Observed 5+ times

Please provide an example of this

[Large empty text box for example]

* 8. I observed the program engage student's in creativity (imagining, improvising, innovating, creating)?

Not Observed

Observed 1-2 times

Observed 3-4 times

Observed 4-5 times

Observed 5+ times

Please provide an example of this

*** 9. I observed the program engage student's in communication (speaking, writing, listening actively, turn taking)?**

- Not Observed
- Observed 1-2 times
- Observed 3-4 times
- Observed 4-5 times
- Observed 5+ times

Please provide an example of this

*** 10. I observed the program engage students in collaboration (team building, decision making, goal setting, resolving conflict, brainstorming)?**

- Not Observed
- Observed 1-2 times
- Observed 3-4 times
- Observed 4-5 times
- Observed 5+ times

Please provide an example of this

*** 11. In reflecting on why I scheduled this program, this program met my needs.**

- 1. Strongly Disagree
- 2. Disagree
- 3. Unsure
- 4. Agree
- 5. Strongly Agree

Please describe how this program did or did not meet your needs. If the program did not meet your needs, please describe how it could have better met your needs

*** 12. The Teaching Partner / Artist provided educational concepts and resources that I will continue to use with students to enhance their critical thinking, creativity, communication, or collaborative skills**

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Strongly Disagree | 2. Disagree | 3. Unsure | 4. Agree | 5. Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please describe which educational resources the Teaching Artist provided that you will continue to use with students. If you selected "disagree" or "strongly disagree," what educational resource(s) would you have liked to get from the Teaching Artist?

13. To whom might you recommend this program?

14. How did your student(s) benefit as a result of the program? Please provide an example

15. How did you extend your students' learning experience from this program into the classroom? Please provide an example

16. Would you like to be contacted to discuss additional feedback?

- Yes
- No

17. Your open and honest evaluation is very important to us, so we appreciate the need to reply anonymously. However, it is very helpful to be able to contact you directly to address any concerns or suggestions. If possible, please list your contact information below.

Thank you!

Your name?

Your email?

Done

Powered by



See how easy it is to [create a survey](#).