



EXPLORATORY ENRICHMENT 2009-2010 SCHOOL REPORT

SCHOOL MUST RETURN TO ADDRESS BELOW OR FAX IMMEDIATELY FOLLOWING PRESENTER VISIT

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Presenter:	Program Name (if different):
School District:	Program Date:
School Building:	School Contact:
Type of Program: Performance Workshop Residency Consulting Service	Number of Students: Grade Level(s):
Evaluation Completed by: Administrator Teacher Student Parent Other _____	

Describe the curricular objective(s) and how this program addressed it (them):

Please check the appropriate box and comment on the following items:	STRONGLY	AGREE	AGREE	DISAGREE	STRONGLY	DISAGREE
	AGREE	AGREE	DISAGREE	DISAGREE	DISAGREE	DISAGREE
The program was grade level appropriate.						
The students were engaged, interested, and attentive.						
You would recommend this program.						
Effective materials were provided prior to or following the experience.						
The teacher(s) and presenter did preplanning.						