

Barbers Hill ISD Distance Learning Program Evaluation

Please complete the following so that we may better serve the
District's Distance Learning needs.

Teacher's Name _____ Date Aired _____

Grade / Class Taught: _____
(i.e., 3rd Social Studies, etc.)

Program: _____

	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>
The program was informative and entertaining.	P	F	G	E
The program complemented my curriculum.	P	F	G	E
The presenters communicated the content adequately.	P	F	G	E
I achieved the learning outcomes I expected.	P	F	G	E
BHISD equipment functioned properly.	P	F	G	E
Site Facilitator adequately managed the classroom and equipment.	P	F	G	E
Overall, my Distance Learning visit was enjoyable.	P	F	G	E

Will you plan to bring a class to the Distance Learning lab again? Yes No

Comments or suggestions:

Thank you for using the Distance Learning lab.