CALIFORNIA POETS IN THE SCHOOLS TEACHER EVALUATION FORM

Classroom Teacher ________________________________ Grade ________________

School _____________________________________________ County ______________

Poet ______________________________________________ Date ________________

Please check as appropriate.                               1= Strongly disagree     5= Strongly agree

The poet was professional, on time, and kept commitments
1 □  2 □  3 □  4 □  5 □

My students were inspired by the poet’s lessons
1 □  2 □  3 □  4 □  5 □

My students learned more about the craft of poetry writing
1 □  2 □  3 □  4 □  5 □

My students learned more about oral presentation
1 □  2 □  3 □  4 □  5 □

I learned something new about the teaching of poetry
1 □  2 □  3 □  4 □  5 □

I learned something new about my students’ capabilities
and/or emotional life.
1 □  2 □  3 □  4 □  5 □

I would like to have a CPITS residency again
Yes □      No □

I would like to have this poet teacher back again
Yes □      No □
(Please give reasons)

Is there anything you would like to convey to us about your experience or the experience
of your students, either a general comment or an anecdote?

Thank you for your time to complete this evaluation!
This information helps document the value of the CalPoets program.
Please email to the program office: info@cpits.org

Or snail mail to:          PO Box 1328
                           Santa Rosa, CA 95402