BIZWORLD™

TEACHER EVALUATION

Name _____ Date _____

School _____ Grade _____

School District _____ Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

1. How effective is the BizWorld program? (Circle One)

   Very Ineffective **Ineffective** **No Opinion** **Effective** **Very Effective**

2. What did you like best about the BizWorld program?

3. How could the BizWorld program be improved?

4. What did your students learn or experience during the BizWorld program that will be useful to them in school?

5. What did your students learn or experience during the BizWorld program that will be useful to them in the future?

6. Please circle YES or NO for the following:

   a. Do you intend to teach BizWorld again next year? **YES** **NO**

   b. Would you be interested in sharing BizWorld with colleagues? **YES** **NO**
   If YES, how can we help facilitate this?

   c. Would you be interested in presenting BizWorld and your experience with the program at a professional development conference? **YES** **NO**

7. Additional Comments: