



AWARE LESSON PLAN TEACHER EVALUATION
(This form is optional)

SCHOOL NAME _____
TEACHER (OPTIONAL) _____
GRADE _____ DATE _____

Please evaluate: 5) Excellent 4) Very Good 3) Good 2) Fair and 1) Poor

1. Did this lesson plan increase your students understanding of the topic?

5 4 3 2 1

2. Did the visual aids, audio-visual, or other interactive teaching activities seem interesting and appropriate for your students?

5 4 3 2 1

3. Did your students have any difficulty comprehending the pre- and post-tests?

5 4 3 2 1

Comments: _____

4. Do you feel this information will be helpful to your students?

5 4 3 2 1

Comments: _____

5. What did you like about this lesson plan?

6. Please list any additional information that might have been helpful in this lesson plan, or any other suggestions for improvement.

THANK YOU FOR YOUR IMPORTANT INPUT!