



# MAJOR RIVERS

Texas Water Education

## PROGRAM EVALUATION FORM

Teacher \_\_\_\_\_ Grade Level \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ ISD \_\_\_\_\_

School Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Academic Year(s) in Which Major Rivers was Included in Curriculum \_\_\_\_\_

TEST RESULTS	PRE-TEST	POST-TEST
MAXIMUM SCORE		
MINIMUM SCORE		
AVERAGE SCORE		
NUMBER OF STUDENTS		

### Questions and Comments

1. What was the attitude of your students towards the program?

Very Positive          Positive          Neutral          Negative

Comments

2. Do you think your students have a broader understanding of water and will want to conserve?

Yes          No

Comments

3. Please list any comments or suggestions you have about any aspect of the program.

4. Will you include Major Rivers in your curriculum next year? If not, why not?

Yes          No

Comments