

Stroke

NETWORK

4th/5th Grade Stroke Education Teacher Evaluation

Presenter(s): _____ Date: _____

Stroke Education Lesson Evaluation:

The purpose of this form is to provide you with an opportunity to give feedback on the stroke education lesson delivered to your 4th/5th grade class.

Please mark the appropriate blank and offer any comments you may have about the lesson:

Element	Excellent	Good	Fair	Poor	Comments
Quality of Presentation					
Relevance of Material to Your Class					
Program Organization					
Student Participation					
Student Interest in the Material					
Ability to Deliver Lesson in 30-45 Mins.					
Overall Evaluation					

Please offer any recommendations that will improve the learning of future students:
