Saint Martin’s University
Consultant Project/Elementary School Program
____________________________ Elementary School
Teacher Evaluation

Teacher/Mentor Name: __________________________ Consultant name: __________________________

Consultant partner name (if any): __________________________

Number of Students in Class: ___________ Date Program Started (1st Activity): ________________

Please complete the following evaluation regarding the performance of the consultant assigned to teach JA in your classroom. Receipt of this is required in order for the student to receive a passing grade. Your feedback will influence the student's final grade on this project. Please return this form to: Dr. Fumie Hashimoto, Saint Martin's University, 5300 Pacific Ave. SE, Lacey, WA 98503-7500.

Was this your first experience with JA’s Elementary School Program?  Yes  No

Please answer the following questions by circling a corresponding number.
1 = STRONGLY DISAGREE  3 = SOMEWHAT AGREE  5= STRONGLY AGREE.

1. The consultant was prepared for each presentation.  1  2  3  4  5
   Comments: ____________________________________________

2. The consultant managed the classroom with ease.  1  2  3  4  5
   Comments: ____________________________________________

3. Materials were presented in an articulate manner.  1  2  3  4  5
   Comments: ____________________________________________

4. The consultant was able to relate to the children.  1  2  3  4  5
   Comments: ____________________________________________

5. The consultant was on time.  1  2  3  4  5
   Comments: ____________________________________________

6. The consultant was appropriately dressed.  1  2  3  4  5
   Comments: ____________________________________________

7. The consultant taught and completed all 5 activities. If no, please explain.  Yes  No
   Date Program was completed (5th Activity): _________________
   Comments: ____________________________________________

Additional comments or observations:
___________________________________________________________________________________________

Thank you for your response and your support of this program.

Teacher/Mentor Signature: ___________________________ Date: __________________