

## CALIFORNIA POETS IN THE SCHOOLS TEACHER EVALUATION FORM

Classroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ County \_\_\_\_\_

Poet \_\_\_\_\_ Date \_\_\_\_\_

Please check as appropriate.

1= Strongly disagree    5= Strongly agree

The poet was professional, on time, and kept commitments    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

My students were inspired by the poet's lessons    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

My students learned more about the craft of poetry writing    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

My students learned more about oral presentation    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I learned something new about the teaching of poetry    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I learned something new about my students' capabilities  
and/or emotional life.    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I would like to have a CPITS residency again    Yes ☐    No ☐

I would like to have this poet teacher back again  
(Please give reasons)    Yes ☐    No ☐

Is there anything you would like to convey to us about your experience or the experience  
of your students, either a general comment or an anecdote?

**Thank you for your time to complete this evaluation!**

**This information helps document the value of the CPITS program.**

Please send it back to us via email to the program director, [terri@cpits.org](mailto:terri@cpits.org)

Or fax to 415-221-4301 or snail mail to:

California Poets in the Schools

1333 Balboa St. Suite 3

San Francisco, CA 94118