



# EVALUATION

## TEACHER/SCHOOL INFORMATION

Name: \_\_\_\_\_

Subjects taught: \_\_\_\_\_

Home address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

School phone: \_\_\_\_\_

School FAX: \_\_\_\_\_

Number of students reached  
with the Energy Education supplement: \_\_\_\_\_

Grade levels of students: \_\_\_\_\_

1. Which activities did you actually use with your students? \_\_\_\_\_  
\_\_\_\_\_
2. Why did you choose not to use other activities? \_\_\_\_\_  
\_\_\_\_\_
3. Which activities did your students like the best? Why? \_\_\_\_\_  
\_\_\_\_\_
4. Which activities did your students dislike? Why? \_\_\_\_\_  
\_\_\_\_\_
5. Strengths of these lessons (please list): \_\_\_\_\_  
\_\_\_\_\_
6. Weaknesses of these lessons (please list): \_\_\_\_\_  
\_\_\_\_\_
7. In what ways is *Energy Education* compatible with recent changes in your school's or district's curriculum? \_\_\_\_\_  
\_\_\_\_\_
8. What audience will receive the greatest benefit from this supplement? \_\_\_\_\_  
\_\_\_\_\_
9. Do you have any suggestions for future lessons that would be of most help to classroom educators or school administrators? \_\_\_\_\_  
\_\_\_\_\_

*Use back of page for additional comments.*

**Please return this form to**

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