

You Be The Chemist Activity Guide

Educator Evaluation

Name: _____ School: _____

Grade(s): _____ E-mail: _____

Where have you used the YBTC Activity Guide? (Please check all that apply)

- Classroom
- After school activities
- Clubs (Please list club type) _____
- Other (Please describe) _____



With what grade level(s) did you use the YBTC Activity Guide? (Please check all that apply.)

- K 1st 2nd 3rd 4th 5th 6th 7th 8th Other

How many students are in your classroom or participated in your extracurricular activity?

Was the YBTC Activity Guide appropriate for students of your grade level(s)? Please explain.

Was there any level of adjustment that needed to be made to the YBTC Activity Guide to fit your grade level(s)? Please explain.

Did you find the YBTC Activity Guide well formatted and user friendly? Please explain.

How well did the experiments compliment your curriculum?

- Very Well Well Moderately With Difficulty Not at all

For which units in your science curriculum did you use these lessons? Please list.

Were the activities a valuable resource to help you teach chemistry concepts? Please explain.

Did the hands-on activities help enhance your students' understanding of chemistry concepts? Please explain.

Which lessons did you find most/least useful? Please explain.

Please rate the effectiveness of each segment of the YBTC Activity Guide.

	Very Effective	Effective	Somewhat Effective	Not Effective	N/A
Lesson Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Famous Chemists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to Teach Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review Games (5-8 only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD (K-4 only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Graphics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was there a particular section of the YBTC Activity Guide that your students especially liked or disliked?

What sections of the Resource Guide did you find most/least useful? Please explain.

Was there anything you would like to see added to the Lesson Plans or Resource Guide?

Do you or your students have any additional comments about your experiences with the Activity Guide?

Thank you for completing this survey, we appreciate your input. Please send this survey back to the Chemical Educational Foundation in the envelope provided or fax it to our office at 703/527-7747.

*All completed surveys will be entered in a drawing to receive \$200!



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