



Chef to Schools Initiative

School Evaluation FORM

For use by registered chef to evaluate school

(Please Print)	
_____	_____
Teacher's Signature	Date
Date:	

School name:	

Teacher's Last name:	

Teacher's First name:	

Chef's Last name:	

Chef's First name:	

Class date:	

Subject taught:	

- Did the school have adequate supplies?
- Was the teacher prepared for your visit?
- Did the lesson go well and was it informative?
- Were the students engaged and did they enjoy the lesson?
- Would you go back to this class again?
- Amount for supplies \$_____.
- Request a Stipend? Yes No
- Commits: