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:
• 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: