

## CLASSROOM PRESENTATION EVALUATION FORM

Name of Science Ambassad	or:	
Address:		
Phone:	Fax:	Email:
Job Title and Company:		
Date of Visit:	School:	
Name of Teacher(s):		
Number of classes, grade, number of students (i.e., 3 $9^{th}$ grade general science classes, total 75 students):		
Which presentation(s) did you use from the AIChE Student Outreach Kit?		
What did the students respond best to, and least to?		
Suggestions for others using this presentation:		
Suggestions for others visiting this school:		
Would you like to visit this	school again?	Want to visit a different school?
Any other comments that would help improve the program:		
please check here if you would like AIChE to send a thank you letter for supporting your Student Outreach efforts. If yes, please provide name and address of the person we should send the letter to.  Name of Supervisor:		
Address:		

Please return to Ellen Sullivan, Science Ambassador Program, AIChE Chicago Section, 7177 N. Austin Ave., Niles, IL 60714 Ph: 847-588-3840 Fax: 847-647-0844 Email: ellen@teianalytical.com