JazzSLAM Evaluation Questionnaire



Please return in stamped, self-addressed envelope to: 1524 Bayview Drive, Fort Lauderdale, FL 33304

Teacher Name:	Date:
Grade:	School:
Are you the school's music specialist? (Circle answer)	Yes No

<u>INSTRUCTIONS:</u> Teachers, please fill out this questionnaire as soon after your JazzSLAM presentation as possible. Thank you, in advance, for taking the time to answer this questionnaire. Your answers ARE very important for JazzSLAM to continue to be offered in schools and provide valuable information to our funding sources.

1. What new information have **you** observed that your students are applying as a result of their JazzSLAM presentation?

2. What new information did **your students** say they learned from the JazzSLAM program?

(You can either have your students write their responses to the following, or you can simply ask them the question and write down their answers.)

3. Please use this space for Teacher comments (please share any specific **Success Stories or Ideas** you have for JazzSLAM)