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**TITLE IV Activity/COURSE EVALUATION**

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| The **Goal** of my participation is to meet the goal of the standard indicated on the Criteria for Approval and to advance our school’s services of student support and academic achievement by participating.  |
| **Teacher’s Name:** **School: \_****Activity/Course Title:** **Dates: Location:**  |
| 1. What activity did you participate in? Were concurrent choices are offered?  |
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| 2. What specific knowledge/skills did you gain to assist with your schools’ plan to promote activities for student support or academic achievement?  |
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| 3. Are there activities that you will provide for your school staff, e.g., sharing ideas in faculty meetings or informal conversations gained from this experience/activity? If not, is this something that can be provided to more students in the future? |
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| 4. What will your activities focus on, e.g., well rounded education, safe and healthy students, effective use of technology, and what strategies were learned through this activity?  |
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| 5. What will be your challenges/opportunities after you or the students have participated this activity/course?  |
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