

# MODULE EVALUATION FORM

Alpine School District  
Elementary Media Training Modules

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

MODULE YOU ARE EVALUATING \_\_\_\_\_

1. WHAT WENT WELL?

2. WHAT DID NOT?

3. WHAT WAS THE BEST/MOST IMPORTANT THING YOU LEARNED?

4. IS THIS LESSON RELEVANT TO YOUR WORKING SITUATION?

5. IF YOU COULD RE-WRITE THIS LESON, WHAT WOULD YOU CHANGE?  
*(Use the back of the page; be as specific as you can. This will help us change lessons for future use.)*