

classroom push-in lesson

SURVEY

- 1 This topic was important for my students to learn. Yes/No
- 2 This lesson was organized and covered information that will help my students with this topic. Yes/No
- 3 My students appeared to enjoy the lesson. Yes/No
- 4 I would schedule a follow up lesson with Mrs. Klein again. Yes/No

*If so, please complete the classroom push-in lesson in sign-up sheet

- 5 Additional Comments/ Feedback?

NAME: _____ DATE: _____

classroom push-in lesson

Sign-Up Sheet

1 TOPIC:

- Making And Keeping Friends
- Identifying and Expressing Feelings
- Positive Behaviors
- Following Directions
- Bullying
- Self-Esteem
- Study Skills
- Other: _____

2 SUGGESTED DAY:

- Day 1
- Day 2
- Day 3
- Day 4
- Day 5

3 SUGGESTED TIME:

- First Choice: _____
- Second Choice: _____

Teacher's Name: _____ Grade/Class: _____

DATE: _____