Child Care Project Evaluation – Group

Kitchen Country:

Name:

Name:

Name:

Name:

Name:

Name:

**CIRCLE** the grade you feel you deserve as a group. Grade from 1 to 10, with 10 being the best and 1 being the worst. ***DO NOT WRITE IN THE TEACHER COLUMN.***

Student Teacher

Best to Worst

Planning: 10 9 8 7 6 5 4 3 2 1

Decision made on time, materials/centers ready on time

Lesson Plan: 10 9 8 7 6 5 4 3 2 1

Neat, preschool age appropriate, lasted 10-15 minutes

Centers: 10 9 8 7 6 5 4 3 2 1

Creative, preschool age appropriate, materials ready

Participation: 10 9 8 7 6 5 4 3 2 1

Punctual, dependable, cooperative, everyone did something to participate in preschool

Clean Up: 10 9 8 7 6 5 4 3 2 1

Everyone helped, centers/groups/kitchens were cleaned up at end of class

Student Total: \_\_\_\_\_\_ Teacher Total:\_\_\_\_\_\_\_\_