



Garden Program Evaluation Form

Date:

School:

Teacher Name:

Number of Students:

Please indicate the garden program(s), which your classroom participated in:

Three Sisters

Vegetable

Butterfly

1. How would you rate the program (Three Sisters, Vegetable, Butterfly)?

Excellent Good Satisfactory Unsatisfactory Poor

2. The gardening activities met classroom learning outcomes:

Strongly Agree Agree Disagree Strongly Disagree

If Yes, please specify the subject area(s) that were in line with your learning outcomes:

3. This activity is valuable to me (as a teacher):

Strongly Agree Agree Disagree Strongly Disagree

If Yes, why? If no, why not?

4. This activity valuable to my students overall learning:

Strongly Agree Agree Disagree Strongly Disagree

If Yes, why? If no, why not?

5. Would you be willing to participate in Bridging The Gaps Gardening programs again?

YES NO

6. Would you try gardening with your classroom on your own?

YES NO

7. Comments/Suggestions?