Junior Achievement®

Teacher Verification Survey Form

Please COMPLETE and RETURN this form following the <u>completion</u> of your Junior Achievement class.

1. What JA Program did you use this year? _____
   In what grade? _____ How many students: _____

2. How would you rate this program? Not effective 1 2 3 4 5 Very effective

3. How would you rate your volunteer? Not effective 1 2 3 4 5 Very effective

4. Did your students enjoy this program? ☐ Yes ☐ No

5. Did you use the pre- & post-program questionnaire? ☐ Yes ☐ No

6. Did you see improvements in any of the following categories?

Math	☐ Yes ☐ No	Workforce Readiness	☐ Yes ☐ No
Reading	☐ Yes ☐ No	Understanding of Free Enterprise	☐ Yes ☐ No
Decision Making	☐ Yes ☐ No	Understanding of How a Business Works	☐ Yes ☐ No

7. Would you like to request a JA program next school year? ☐ Yes ☐ No

   If yes, grade: _____ Semester: ☐ 1st* ☐ 2nd
   *☐ I will need a volunteer the first ☐ six or ☐ nine weeks for my middle or high school students.

8. Additional comments: _____
   _____
   _____

9. Name: _____
   School and County: _____

Please complete and mail or fax to the Junior Achievement office.

Junior Achievement of West Virginia & the Advantage Valley, Inc.
1700 MacCorkle Avenue, SE
Charleston, WV 25314
(304) 346-9753 ▲ FAX (304) 346-9754
E-Mail: adkins@jaadvantage.com