



# Academic Teacher Evaluation

Please select the program used:  
Rainbows  
Spectrum

We have just completed the Rainbows/Spectrum program at our site. We would like to have your input concerning this curriculum. Please take a moment to complete this evaluation and return it to your Site Coordinator. Thank you for your assistance.

- How many students are in your class? \_\_\_\_\_  
How many have experienced a death/divorce/separation or other painful family transition? \_\_\_\_\_ estimated percentage
- Did you recommend Rainbows/Spectrum to any of your students?  
Yes      No
- Of those recommendations, were any of these students actually enrolled in Rainbows/Spectrum?  
Yes      \_\_\_\_\_ Approximate number      No, none enrolled      Do not know
- For those children who enrolled, did you notice any learning challenges **before** joining Rainbows/Spectrum? *(please check all that apply)*  

Academic performance	Incomplete homework assignments	Absenteeism
Classroom participation	Attentiveness in the classroom	

 Other observed challenges: \_\_\_\_\_
- Have you observed any learning improvements since your student(s) participation in Rainbows/Spectrum? *(please check all that apply)*  

Academic performance	Incomplete homework assignments	Absenteeism
Classroom participation	Attentiveness in the classroom	

 Other observed improvements: \_\_\_\_\_
- Were you aware of any behavioural concerns **before** Rainbows/Spectrum? *(please check all that apply)*  

Communication	Self-esteem / Confidence	Problem solving skills
Anger management	Physical health / Well-being	Social interaction

 Other observed concerns: \_\_\_\_\_
- Have you observed any behavioural improvements since your student(s) participation in Rainbows/Spectrum? *(please check all that apply)*  

Communication	Self-esteem / Confidence	Problem solving skills
Anger management	Physical health / Well-being	Social interaction

 Other observed improvements: \_\_\_\_\_
- How would you rate the overall effectiveness of the Rainbows/Spectrum program with your students? *(please check only one (1) answer)*  

Excellent, most effective	Not particularly effective	Unsure or unable to answer
No particular effectiveness observed	Did not observe an effective difference	

Please add any additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Coordinator Instructions: Fill in the details regarding your program schedule and then make copies for the Teachers to complete.

Site Name: _____ Today's Date: _____	
City / Prov. / Postal Code: _____ Country: _____	
Coordinator Name: _____ Email: _____	
Our Rainbows Meetings ran from _____ to _____ <small>(mo/day/year) (mo/day/year)</small> Meetings were offered: Weekly    Bi-weekly	<i>Please list actual meeting dates here:</i>   

**Please return to:** Rainbows For All Children Canada  
 545-80 Bradford Street Barrie, ON L4N 6S7  
 Telephone: 1-877-403-2733  
 Fax: 705-726-5805