

**City and County of Honolulu  
Recycling Teaching Partners**

**EVALUATION**

Please submit completed form within 4 weeks of workshop or project completion.  
Fax: 768-3434 Email: tfarnsworth@honolulu.gov

**Have you provided documentation of your recycling project? Please make sure to submit photos, video, student works, project summary, or other documentation of your project when available.**

**NAME OF SCHOOL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TITLE/POSITION:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Recycling Teaching Partner:** \_\_\_\_\_

**Date of program/workshop:** \_\_\_\_\_

**Date Project Completed:** \_\_\_\_\_

How would you rate the quality of the Recycling Teaching Partner?

	Excellent	Good	Fair	Poor
Knowledge				
Presentation				
Classroom Management				
Overall				

How effective/beneficial was the Recycling Teaching Partner to the success of your recycling activity/project?

Very much       Moderate       Fair

Briefly describe outcomes of your recycling activity/project as related to students' learning, increased recycling, reduced waste, impact on community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The OPALA IQ Book? What sections did you like best? What could be improved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can the Recycling Teaching Partner program be improved? Comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_