



## Jump Start Evaluation

School: \_\_\_\_\_

Teachers: \_\_\_\_\_

Dates of Jump Start: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. How many students participated?
2. How many teachers paid through extended contracts participated?
3. Of the total number of students who participated, how many responded positively to the student survey?
4. How many parents responded to the evaluation survey?
5. How many parent surveys were positive?

**This evaluation should be returned to Sallie Armstrong no more than two days after the Jump Start activity is completed. Please keep the surveys themselves on file in the school office.**