

TEAMS Student Survey – Grades K-3

Please help us to complete this form. It will help us to improve the TEAMS AmeriCorps program. (For students in grades K through 3.)

Name of Student:

School: _____ Grade: _____

Date: _____

Name of Teacher (Fellow/Member):

With my teacher's help:

Please circle one response:

	Yes	No
1. I learned a lot from my teacher.		
2. My teacher cares about me.		
3. I feel I am an important part of the classroom.		
4. I try to work well with my classmates and teacher.		
5. My teacher included my parents in my learning.		
6. I liked doing our service-learning project.		
7. I learned a lot by doing our service-learning project.		
8. I think it is important to work with the community.		
9. I want to work in the community again.		
10. I am a stronger student because I was in this classroom.		