



INSTRUCTIONAL SERVICES
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Environmental Education CoSer Program Verification & Evaluation Form

I, _____ of _____ verify that _____
(Principal or Teacher) (School) (Program Provider)

completed the agreed upon work on _____. Signature: _____
(Date)

Exactly how many students participated in the program? _____

What is the final cost of the program? _____

1. To what extent were the program goals achieved? (circle one) *Beyond Expectations* *Somewhat* *Not At All*

2. To what extent was the program organized and reliable? *Beyond Expectations* *Somewhat* *Not At All*

3. What were the greatest strengths of the program? _____

4. What suggestions would you make to the program provider for improving their work with your school?

5. How will this program now be extended or continued in your regular curriculum? _____

6. Would you recommend this program to other schools? (circle one) *Without Hesitation* *With Some Reservations* *No*

Additional Comments: _____

**Please submit this form immediately following the completion of the program.
Payment can not be processed without it.**

Fax: 255-3836, Attn: Ean McDermott