ELECTRICAL SAFETY COURSE Post-Test Report Form

School	Date
Teacher	
Please list to 10 9 8 7 6 5 4 3 2 1 0 10	he number of students per score
Total o	of Number Student Tested
Teacher Comments: Strengths of presentation and mate	rials:
Suggestions for Improvement:	
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We appreciate your comments whic	h help us re-evaluate our presentations. Thank you
Please return form to:	ATTN: ELECTRICAL SAFETY NCESD P.O. BOX 1847 Wenatchee, WA 98807-1847

You may also go online at www.ncesd.org Services>Science> Electrical Safety and Energy Education to download an electronic version that can be emailed to annettej@ncesd.org.