



First Books for Kids Evaluation Form

Date Read: _____ County: _____

Number Teachers: _____ Number Parents: _____ Special Needs Students: _____

Number Students: _____ Non-English Speaking Students: _____

Urban: _____ Non-Urban: _____

Title of Book: _____

Props Used: _____

Activities Used: _____

Student Response: _____

What would you do differently: _____

Volunteer: _____

Location: _____

Return form to: Jo Almond
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Indiana Extension Homemakers Association®

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