

Community College System of New Hampshire Running Start Evaluation Form (to be completed by the high school teacher)



	HIGH SCHOOL		CCSNH SITE
School	_____	College	_____
Teacher	_____	Partner	_____
Administrator	_____	Coordinator	_____
Course title	_____	Course #	_____
Date	_____		

	Needs Improvement	Adequate	Excellent
I was able to access the college curriculum	_____	_____	_____
I was able to access college textbooks and other resource materials from the college	_____	_____	_____
Registering the students worked well	_____	_____	_____
I was able to implement the college curriculum	_____	_____	_____
The Running Start coordinator communicated with me	_____	_____	_____
The CCSNH faculty partner communicated with me	_____	_____	_____
Students were welcomed to college community	_____	_____	_____
Running Start paperwork and forms were explained	_____	_____	_____
Course grading procedures were clear	_____	_____	_____
College syllabus was provided for distribution to students		_____ Yes	_____ No
Was a classroom visit conducted by your CCSNH faculty partner?		_____ Yes	_____ No
Given the opportunity, I would teach another course through Running Start		_____ Yes	_____ No

What suggestions do you have for improving Running Start? _____

What would you tell other high school teachers who are considering offering classes through Running Start?

PLEASE USE THE BACK FOR ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE