

BTots Classroom Feedback

Date_____	Campus_____	Serve Time_____
Room Leader Name_____	Classroom_____	
Helper Name(s)_____		

Please complete this feedback form to help our Bethany Kids Team live out one of our core values,

“We are always getting BETTER!”

Supplies

Did you have the proper supplies to serve? YES NO, I was missing_____

List supplies that need to be replenished:_____

Classroom Environment

Was it safe? YES NO, because_____

Was the curriculum taught? YES NO, because_____

Were there any issues with it? NO YES, the issues were_____

Did the kids have fun? YES NO, because_____

Incidents

Did any occur? YES NO

Was the coordinator notified & was an incident report completed? YES NO

Improvements

Is there anything that could be improved?_____

One great thing that happened in class today 😊 _____

