

Let Freedom Swing Post-Survey: Teacher

Please carefully answer these questions. These will help us to mold and shape future sessions for *Let Freedom Swing (LFS)* while also providing our funders with feedback about the program's effectiveness.

1) Name: _____

2) Name of class that participated in *LFS* session:

3) Type of class that participated in *LFS* session (i.e. social studies, government, instrumental music, history, etc.):

4) _____ learned something new about jazz today.

- Myself*
- My students*
- Neither*

5) _____ learned something new about democracy today.

- Myself*
- My students*
- Neither*

6) If you do not play an instrument, did *LFS*'s session encourage you to learn?

- Yes*
- No*
- I play an instrument.*

7) *LFS* positively impacted _____ interest in jazz music.

- My*
- My students'*
- Neither*

8) Do you believe your students would like to learn more about jazz history similar to what was covered in *LFS*?

- Yes*
- No*

If so, what type(s) of jazz history would do you believe that they would be interested in learning more about? (General, specific styles, specific artists, etc.)

9) Rate the degree to which you believe that your students who participated in *LFS* currently understand the following subjects/concepts:

	<i>No knowledge</i>	<i>Low level</i>	<i>Medium level</i>	<i>High level</i>	<i>Expert</i>	<i>Don't know</i>
Music (Overall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (Jazz Specifically)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to Analyze Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture/Cultural Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Democracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) Would you recommend a colleague have their class attend a session for *LFS*?

Yes

No

11) Would you be interested in hosting additional *LFS* sessions?

Yes

No

12) Tell us what you think. Please feel free to share any thoughts you have about our session. (What rocked, what didn't, suggestions, etc.)

13) If you would like us to contact you to discuss your responses or if you are interested in discussing a future session of *LFS*, please give us your contact information below and we will be in touch shortly.

Name: _____

Phone: _____

Email: _____

Thank you for filling out our survey!