

Activity Evaluation Survey

Speed Careering



DATE:	YEAR LEVEL:
SCHOOL:	

FIRST NAME:

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LAST NAME:

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I am a ☐ Boy ☐ Girl

Please tick if you are: ☐ Aboriginal Australian ☐ Torres Strait Islander

What language do you mostly use at home? _____

Has today helped you to:	No	Yes
Think about options for your future that you might not have thought about before		
Get a better idea of what employers want		
Find a job you would definitely like to do		

If you found a job today that you would definitely like to do please tell us what it is and why you want to do it

How helpful has today been for you?

<input type="checkbox"/>	Not that helpful
<input type="checkbox"/>	A bit helpful
<input type="checkbox"/>	Really helpful
<input type="checkbox"/>	Life changing

Please tell us what you might do differently after today:
