

Activity Evaluation Survey Industry Lessons



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?

	No	Yes
Did you learn something new at the program?		
Was the information you learnt relevant to you?		
Was the program well delivered?		
Has today changed your ideas about this industry?		
Were you interested in working in this industry before?		
Are you interested in working in this industry now?		

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

Has the program helped you to:

Think about options for your future that you might not have thought about before
Realise that what you learn at school is relevant to work
Realise that school can help you set up your future
Be more successful at school

No	Yes

Did the program help you to:

Get a better idea of what employers want
Feel more confident about entering the workforce
Increase your chances of getting a job
Feel more confident about entering further education/training

No	Yes

How helpful has the program been for you?

☐ Not that helpful ☐ A bit helpful ☐ Really helpful ☐ Life changing

Please tell us what you might do differently now:
