

Activity Evaluation Feedback Teacher



Thank you for participating in our program today. Please let us know what you thought.

FIRST NAME:

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LAST NAME:

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SCHOOL: _____

DATE: _____

	Unlikely	Likely	Definitely			
Has this program added significant value to your school's curriculum content?	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
Do you think students will significantly benefit from this program?	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
Would you recommend this program to other schools?	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
Does this program offer skill and knowledge development opportunities that students would otherwise not have access to?	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	

What do you think the benefit of this program will be for the students?

What did you gain out of this program experience?

Would you like to provide any feedback to the business representatives involved in this event?

Do you have any ideas that would help us to make the program content or delivery better?
