Activity Evaluation Survey
Speed Careering

DATE: ___________________________ YEART LEVEL: ___________________________
SCHOOL: ___________________________

FIRST NAME: ___________________________
LAST NAME: ___________________________

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:

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?

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

Please tell us what you might do differently after today:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Thanks for completing this survey. The information you provide is kept confidential and safe, according to Beacon’s Privacy Policy.
To view the policy or for more information visit www.beaconfoundation.com.au
Beacon Foundation Activity Evaluation Survey for Speed Careering