Activity Evaluation Survey
Industry Lessons

DATE: ___________________________ YEAR 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? _______________________________________

Did you learn something new at the program? □ No □ Yes

Was the information you learnt relevant to you? □ No □ Yes

Was the program well delivered? □ No □ Yes

Has today changed your ideas about this industry? □ No □ Yes

Were you interested in working in this industry before? □ No □ Yes

Are you interested in working in this industry now? □ No □ Yes

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 □ No □ Yes

Realise that what you learn at school is relevant to work □ No □ Yes

Realise that school can help you set up your future □ No □ Yes

Be more successful at school □ No □ Yes

Did the program help you to:

Get a better idea of what employers want □ No □ Yes

Feel more confident about entering the workforce □ No □ Yes

Increase your chances of getting a job □ No □ Yes

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: ______________________________________

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

To complete online, please go to: https://www.surveymonkey.com/s/TM3X8FC