Activity Evaluation Survey
Teacher Professional Development

FIRST NAME: ____________________________________________

LAST NAME: ____________________________________________

SCHOOL: ________________________________________________

DATE: __________________________________________________

How valuable has today been for you?

[ ] Not that valuable
[ ] Quite valuable
[ ] Extremely Valuable

Will what you learnt today help you to:

Unlikely  Likely  Definitely

[ ] Link business ideas into your school’s curriculum content?
[ ] Guide students into specific career pathways?
[ ] Build networks between your school and businesses?
[ ] Inform students about what businesses expect of potential employees?

Has today enhanced:

No  Yes

[ ] Your perception of the organisations/industries involved in the session?
[ ] Your understanding of the job opportunities available in the organisations/industries?
[ ] Your networks/relationships with these organisations?

Would engaging with these organisations/industries be valuable for your school?

No  Yes

Please tell us what you might do differently after today

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

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

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