Activity Evaluation Feedback

Teacher

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

FIRST NAME: ______________________________

LAST NAME: ______________________________

SCHOOL: __________________________________

DATE: ____________________

Has this program added significant value to your school's curriculum content?

Do you think students will significantly benefit from this program?

Would you recommend this program to other schools?

Does this program offer skill and knowledge development opportunities that students would otherwise not have access to?

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

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What did you gain out of this program experience?

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

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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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