

Student Feedback Card

School: _____

Date: _____

Time: _____

Please help us get better at what we do by completing this feedback card.
We want you to be honest about what you thought and felt about the session.

Your name: _____

Name of schools worker: _____

Title of activity: _____

How would you describe this activity to someone who wasn't there?

How did you feel about it? (circle the word that is the closest to how you feel)



happy



excited



thoughtful



sad



angry



other - please specify: _____

Tick the box you most agree with:

mostly agree

slightly agree

slightly disagree

mostly disagree

Please let us know...

This was a different idea to anything I have heard before

What was new?

I have learnt something new about myself or about other people

What did you learn?

I was paying attention for most of this activity

What put you off?

I understood most of what was said or done

What was confusing?

How did this session change the way you think or feel?

tick to say whether you agree or disagree

yes

no

maybe

Statement: _____

Statement: _____

Write your own statement here: _____

Thank you!