

# Student Evaluation Form


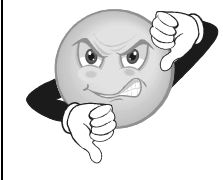

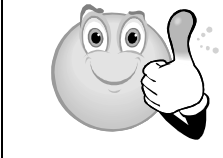

Please help us by telling us what you think

Name of the activity.....

What do you think about the activity? Was it:

Not good     OK     Good     Very Good     Excellent

Please tick a box

	<p>What was the best thing about the activity?</p> <p>.....</p> <p>.....</p>
	<p>Was there anything you didn't enjoy?</p> <p>.....</p> <p>.....</p>
	<p>What new things have you learnt?</p> <p>.....</p> <p>.....</p>
	<p>What could have been better?</p> <p>.....</p> <p>.....</p>
	<p>Do you have any other comments?</p> <p>.....</p> <p>.....</p>

Your name .....

Your school.....



**Thank you for your help!**

Because your school is registered with Sheffield Children's University, you will be awarded one learning credit for every hour you attend.