

School Activity Evaluation Form

Participant Information

Full Name: _____

Grade/Class: _____

School Name: _____

Activity Name: _____

Date of Activity: ____ / ____ / _____

Activity Details

Instructor's Name: _____

Location of Activity: _____

Duration of Activity: _____

Activity Content Evaluation

How would you rate the following aspects of the activity?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

- Relevance of the activity to learning objectives
- Engagement level of students
- Clarity of instructions provided by the instructor
- Quality of materials and resources used
- Overall enjoyment of the activity

Suggestions for Improvement

What aspects of the activity could be improved?

Would you participate in a similar activity in the future?

Yes No

Additional Comments

Signature

Participant's Signature: _____

Date: ____ / ____ / _____