



Post Class Questionnaire

Grade/Age _____

Name _____

- 1- What was your favorite thing about the program?

- 2- What kinds of things did you learn?

- 3- What do you think you'll do with everything you've learned?

- 4- What would you tell your friends about the things you've learned in class?

- 5- What do your parents/family/friends think about the program?

- 6- What did you like the least about the program?

- 7- Has this class changed your mind about anything? If yes, what is it?

- 8- Would you like to continue this class?