



EVALUATION FORM

Please take a few minutes to fill the evaluation form. Thank you.

School's Name:..... Teacher's Name:

Number of Students:..... Class Year:.....

Would you like NELEEAC representative to provide training for pupils or teachers in your school? NELEEAC Teachers

If teachers please answer the following:

- 1. Did you conduct all of the activities? Yes No
- 2. Were the instructions clear and easy for students to follow? Yes No
- 3. Did the activities meet your academic objectives? Yes No
- 4. What would make the FEEDU tools and educational materials more useful to you?

If Neleecac – representative answer the following:

- 1. Were the activities age-appropriate? Yes No
- 2. Were the allotted times sufficient to conduct the activities? Yes No
- 3. Were the students interested and motivated? Yes No
- 4. Was the energy content age-appropriate? Yes No
- 5. How would you rate the tools overall?

Poor Moderate Good Very Good

Other Comments: