

Teacher activity review sheet

PERSONAL INFORMATION

Name: _____

School: _____

Gateway School? _____

Position: _____

Do you identify as an indigenous person? _____

Yes	☐	No	☐	
Male	☐	Female	☐	X ☐
Yes	☐	No	☐	

Number of hours in attendance at the activity: _____

AFTER THE ACTIVITY

Would you recommend this activity to others? _____

Yes ☐ No ☐

As the activity worthwhile? _____

Yes ☐ No ☐

Did this activity meet your expectations? _____

Yes ☐ No ☐

Did you learn something new? _____

Yes ☐ No ☐

Will this activity improve your skills in the teaching of hydrogen related topics in your subject areas? _____

Yes ☐ No ☐

Aspects of the activity/event that worked well:

Aspects of the activity/event which could be improved:

Comments/Quotes to include in publicity documents:

I agree for the above comment to be published by the GISP and its associated sponsors in any appropriate media

Yes ☐ No ☐

and that the above quote is attributed to me

Yes ☐ No ☐

_____ (please sign)

Program specific feedback

Rate **each** of the following from 1 to 5 with **1** being the **lowest** level of agreement or satisfaction while **5** represents the **highest**. Please feel free to add comments as required. (If you didn't do the activity today please leave blank)

First Industry partner	1	2	3	4	5
Comments:					
Second Industry partner	1	2	3	4	5
Comments:					
Third Industry partner	1	2	3	4	5
Comments:					
Industry Professionals were engaging, helpful and linked activities to the world of work	1	2	3	4	5
Comments					
Coordination of the day (catering, venue, timetable etc) was appropriate and enjoyable	1	2	3	4	5
Comments					