

Geo-Ed Visit Feedback –Student

Name: _____ Year: __ Room: _____

Teacher: _____ School: _____

Topic: _____

1. Describe what happened:

2. The parts of the activities I enjoyed

were _____

3. The part of the activities I didn't enjoy were _____

because _____

4. You may choose more than one answer.

I thought the activities were

- excellent lots of fun interesting
 difficult not interesting

because:

5. Circle your choice

I would like Geo-Ed to visit my school again. Yes / No

I agree to my comments being displayed on Geo – Ed's Web site. Yes / No

Signed: _____