## **ISA visitor Activity Evaluation Form**

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| --- | --- |
| Activity number |  |

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| --- |
| **To be completed by the internal co-ordinator** |
| School name |  |
| City |  |

|  |
| --- |
| **To be completed by a vistor** |
| Name |  |
| Title of activity |  |
| Year group involved |   |
| Date |  |

|  |
| --- |
| What impact has this activity had on the pupils involved ? |
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|  |
| --- |
| What impact has this activity had on in yourself ? |
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|  |
| --- |
| Comment on the impact this activity has had on the school generally. |
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| --- |
| Please make any suggestions for improvement (e.g. what was the most effective part of this activity for you and why? What was the least effective and why?) |
|  |

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| --- |
| Any other comments? |
|  |

Thank you for your time and comments.

## **ISA parents Activity Evaluation Form**

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| --- | --- |
| Activity number |  |

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| --- |
| **To be completed by the internal co-ordinator** |
| School name |  |
| City |  |

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| --- |
| **To be completed by a vistor** |
| Name |  |
| Title of activity |  |
| Year group involved |  |
| Date |  |

|  |
| --- |
| What impact has this activity had on the pupils involved ? |
|  |

|  |
| --- |
| What impact has this activity had on in yourself ? |
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| --- |
| Comment on the impact this activity has had on the school generally. |
|  |

|  |
| --- |
| Please make any suggestions for improvement (e.g. what was the most effective part of this activity for you and why? What was the least effective and why?) |
|  |

|  |
| --- |
| Any other comments? |
|  |

Thank you for your time and comments.

## **ISA Young Person Evaluation Form**

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| Activity number |       |

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| **To be completed by the internal co-ordinator** |
| School name |  |
| City |  |

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| --- |
| **To be completed by a young person (at your school or in your local community if relevant)** |
| Name |       |
| Title of activity |       |
| Year group |       |
| Date |       |

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| --- |
| What have you enjoyed most about this activity? What did you like best? |
|       |

|  |
| --- |
| What new ideas or information have you learned from this activity? |
|       |

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| --- |
| What have you enjoyed least or encountered difficulty with? |
|       |

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| --- |
| What would you like to change if you did this activity again? |
|  |

Thank you for your time and comments.

## **ISA Teacher Activity Evaluation Form**

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| --- | --- |
| Activity number |       |

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| --- |
| **To be completed by the internal co-ordinator** |
| School name |       |
| City |       |

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| --- |
| **To be completed by a teacher** |
| Name |       |
| Title of activity |       |
| Year group involved |       |
| Date |       |

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| --- |
| What impact has this activity had on the pupils involved (at your school or in your local community)? |
|       |

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| --- |
| Comment on the impact this activity has had on you and any other staff involved (at your school or other schools) |
|       |

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| --- |
| Comment on the impact this activity has had on the school generally. |
|       |

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| --- |
| Please make any suggestions for improvement (e.g. what was the most effective part of this activity for you and why? What was the least effective and why?) |
|       |

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| --- |
| Any other comments? |
|       |

Thank you for your time and comments.