



Student Feedback Form

Please circle one of the following numbers to describe your feelings about the activities we completed on the topic of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1I enjoyed none of the activities. | 2I enjoyed a few of the activities | 3I enjoyed some of the activities | 4I enjoyed most of the activities | 5I enjoyed all of the activities |

Please describe why you circled the number in the space below ☺

(For example: most favorite/least favorite activities, working with others, watching the video at home, etc.)

 Thank You ☺