



PARENT/ GUARDIAN EVALUATION OF INTERNATIONAL ACTIVITY

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|--------------------|--|-------|--|
| Name: | | | |
| Title of activity: | | Date: | |

Please comment on the impact this activity has had on your child:

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If you have been directly involved in this activity please comment on the impact this activity has had on you:

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Any other comments?

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Thank you for your time and comments.



STUDENT EVALUATION OF INTERNATIONAL ACTIVITY

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| Name: | | Std: | |
| Title of activity: | | | |

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

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

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What have you least enjoyed or found some difficulty with?

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Thank you for your time and comments.



TEACHER EVALUATION OF INTERNATIONAL ACTIVITY

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|---------------------------|--|--------------|--|
| Name: | | | |
| Title of activity: | | Date: | |

Please comment on the impact this activity has had on the students involved:

Please comment on the impact this activity has had on you and any other staff involved:

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?)

Thank you for your time and comments.



VISITOR EVALUATION OF INTERNATIONAL ACTIVITY

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|---------------------------|--|--------------|--|
| Name: | | | |
| Title of activity: | | Date: | |

Please comment on the impact this activity has had on the students involved:

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Please comment on the impact this activity has had on yourself:

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Any other comments?

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Thank you for your time and comments.