

**Program Evaluation Form for the
Young Inventors' Program® (YIP)
School Invention Convention**



Please complete this form. Your comments are important to us and will help us plan future events.

1. I am a: Student in Grade _____
 Parent _____ Child in Grade _____
 Judge _____
 Other _____

2. Is this the first Young Inventors' Program (YIP) School Invention Convention you have attended?
[] Yes [] No - This is the 2nd 3rd 4th 5th 6th time to attend. (Please circle)

3. The best part of the YIP School Invention Convention is:

4. What would like to see done differently, and why?

5. Do you think you will participate next year?
 [] Yes [] No - Why?

6. Would you recommend the YIP School Invention Convention to other children?
 [] Yes [] No - Why?

Would you like to volunteer to work at the YIP School Invention Convention?

Name _____

Phone _____ Best days/times _____