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



Please	complete this	form. Your commen	ts 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 attend				
	[] Yes	[] No - This is the	2 nd 3 rd 4 th 5 th 6 th 1	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?				
	[] Yo	es [] No – Wh	y?		
6.	-	Would you recommend the YIP School Invention Convention to other children? [] Yes [] No - Why?			
		lunteer to work at the		ention Convention?	
Phone		Bes	t days/times		

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