21st Century Afterschool Science Project Feedback Form

Your feedback is important to us! Please complete this feedback form and return it to: Haydee Y. Perez-Livingston, Coordinator, Extended Educational Services Unit, Division of Student Services, Office of Educational Support Services, Department of Education, P.O. Box 500, Trenton, NJ 08625, FAX: 609-633-9655 or email <u>NJ21stCCLC@doe.state.nj.us</u>

•	Name of your Afterschool Program:						
•	Gender: ^o Male ^o Female						
•	Are you a teacher? ^o Yes ^o No						
•	Grades(s) Taught: Subject(s) Taught:						
•	If not a teacher, what is your position?						
•	How many students did you have on average participating in the science program?						
•	What age range?						
-	How often did you do the science activities? (1x per week, etc.)						
•	Are you comfortable facilitating science activities? ^O Yes ^O No						
•	Why or why not?						
•	Why did you want to offer the 21 st Century Afterschool Science Project (21 st CASP)?						

• Overall, how well did the 21st CASP meet your expectations? (Please circle)

Greatly	Met &	Just Met	Nearly Met	Fell Below	Fell Far
Exceeded	Exceeded				Below

Please turn over....

Why did you rate it this way?	•	Why	did	you	rate	it	this	way?
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 What activities did you find the most interesting, informative and useful for your afterschool program? Why?

• What activities did you find the least interesting, or difficult to implement at your afterschool program? Why?

-	How would you rate students' engagement? (circle one)						
	1	2	3	4	5		
	not enga	V	ery engaged				
 How would you rate students' learning? (circle one) 							
	1	2	3	4	5		
	did not	le	earned a lot				

Please give an example of student engagement or learning.

Additional Comments:

Thank You!

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