

ISA Evaluation Forms

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| **ISA Parent/ Guardian Activity Evaluation Form** |
| **No of activity** |  | **Title of activity** |  |
| **Your name**  |  |
| **Your child’s name**  |  |
| **Class** |  |
| **Please comment on the impact this activity has had on your child and in your local community.** |
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| **If you have been directly involved in this activity what impact did it have on you?** |
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| **Any other comments? You may like to mention how this activity can be improved in future** |
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| **ISA Pupil Evaluation Form**  |
| **No of activity** |  | **Title of activity** |  |
| **Your name**  |  |
| **Your age** |  |
| **Class** |  |
| **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 enjoyed least or encountered difficulty with?** |
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| **What would you like to change if you did this activity again?** |
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| **ISA Teacher Evaluation Form**  |
| **No of activity** |  | **Title of activity** |  |
| **Your name**  |  |
| **What impact has this activity had on the pupils involved (at your school or in your local community)?** |
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| **Comment on the impact this activity has had on you and any other staff involved (at your school or other schools).** |
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| **Comment on the impact this activity has had on the school generally.** |
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| **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?)** |
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| **ISA Visitor Evaluation Form**  |
| **No of activity** |  | **Title of activity** |  |
| **Your name**  |  |
| **Please comment on the impact this activity has had on the pupils involved.** |
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| **Please comment on the impact this activity has had on you.** |
|  |
| **Please comment on the impact this activity has had on the school generally.** |
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| **If you have any suggestions for how to improve this activity, please comment here.** |
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