

CAREERS ACTIVITY

STUDENT FEEDBACK FORM

STUDENT NAME:

ACTIVITY NAME:

1. DID YOU KNOW WHAT THE OBJECTIVE(S) OF THIS CAREER'S ACTIVITY WERE?

☐ **YES** ☐ **NO** ☐ **NOT SURE**

2. WAS THE INTRODUCTION AND TIME GIVEN TO YOU TO PREPARE FOR THE ACTIVITY ADEQUATE?

☐ **YES** ☐ **NO** ☐ **NOT SURE**

3. DID THE ACTIVITY KEEP YOU INTERESTED AND ENGAGED?

☐ **YES** ☐ **NO** ☐ **NOT SURE**

4. WERE THERE A GOOD VARIETY OF EMPLOYERS FROM DIFFERENT INDUSTRIES IN ATTENDANCE?

☐ **YES** ☐ **NO** ☐ **NOT SURE**

5. WHAT PART OF THIS ACTIVITY WILL YOU REMEMBER THE MOST?

6. HOW DO YOU THINK THIS ACTIVITY COULD BE IMPROVED IN THE FUTURE?

☐ **YES** ☐ **NO** ☐ **NOT SURE**

7. WOULD YOU LIKE TO LEARN MORE ABOUT THE ACTIVITY TOPIC?

8. IF SO, WHAT WOULD YOU LIKE TO KNOW MORE ABOUT?

9. HAS THIS ACTIVITY HELPED YOU IN MAKING YOUR FUTURE CAREER CHOICES? PLEASE EXPLAIN HOW THIS HAS HELPED.

SIGNED:

CLASS:

DATE:

CREATING OUR FUTURE WORKFORCE



Worcestershire
Local Enterprise Partnership

THE **CAREERS &
ENTERPRISE**
COMPANY