

SCIENCE FORCE FEEDBACK FORM

Please answer the questions below

Name: _____

Date: _____

Lab Name: _____

1. Can you describe your experience working with the Elementary Students?

2. How did your experience make you feel about yourself?

3. What were some of the questions you answered for the students?

4. Did you feel well prepared to help the students with their labs?

5. What help can your science force coordinator provide, to make your experience more successful?

6. What suggestions do you have for improving the lab?

7. Do you feel the students accomplished the objectives of the lab activity?
