



Carisbrooke High School
EVALUATION FORM



Event Title:

Date:

Venue:

Please tick the box most accurately representing your response:

	Strongly Agree	Agree	Disagree	Strongly Disagree
The purpose of the event was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information will help me to support my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The event was well planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The delivery was clear and meaningful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which part of the event was most valuable to you?

Was there a part of the event which was of little or no value to you? If so, why was this?

Was there an issue/subject missing that you felt should have been included?

Have you any constructive suggestions as to how we could improve this event in the future?

Any other comments?

Year group of student: Yr 9/ Yr 10/Yr 11/ Yr 12/ Yr 13 (please delete as appropriate)

Please return to the box provided or to the main office

Thank you for taking the time to fill in this evaluation form