

Pupil Feedback Form




Pupil Name: _____

Teacher / Class: _____

Date: __/__/__

School: _____

Activity : _____

Feedback				Details
How do you feel before the start of the lesson? Are you confident or nervous?				
Did you enjoy the activity ?				
Did you have enough time to complete the activity?				
Do you think you were given adequate support by the teacher?				
Do you think you were given adequate support by the materials?				
Are you more confident after completing this activity than at the beginning ?				

Have you learned today?

What would you change to improve the activity in the future?

In one word:

- How did you feel before you started the activity? _____
- How do you feel now? _____