Student Name:________________________________________________________________________

School where Workshop was held:____________________________________________________________________________________

Workshop Name:
_________________________________________________________________________________________________________________

You are invited to provide feedback on the items listed below:

1. What did you go along to this course hoping to learn about? Was this achieved?
_________________________________________________________________________________________________________________

2. Did this course offer enough complexity for your level of experience and expertise?
_________________________________________________________________________________________________________________

3. If you could make any recommendations to the presenter about improving this course what would they be?
_________________________________________________________________________________________________________________

4. On a scale of 1 – 10 rate your day (with 10 being the highest score)
1 2 3 4 5 6 7 8 9 10

5. If you were going to recommend this course for other students who do you think would enjoy it?
_________________________________________________________________________________________________________________

6. If you were offered the opportunity to attend a Days Of Excellence course next year would you like to attend? If so, what sort of course would you like to go to?
_________________________________________________________________________________________________________________

7. Any further comments:
_________________________________________________________________________________________________________________

To be handed back to the MBBC office and forwarded to Mrs Meagan King
kingm@mbbc.qld.edu.au
Meagan King
Coordinator of Gifted Education