

## Provider Feedback

Will you please fill in the following questionnaire to provide an assessment on the impact and outcomes of the Aimhigher activity?

Name: \_\_\_\_\_

Your organisation: \_\_\_\_\_

Event Title: \_\_\_\_\_

Participating School/College: \_\_\_\_\_ Year Group: \_\_\_\_\_

Date: \_\_\_\_\_

**Did the activity achieve its objectives? Yes/No**

Please give details \_\_\_\_\_

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**How effectively had the school/college prepared the students for the activity?**

Please give details / examples

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**Do you feel that you were given sufficient support by teachers during the activity?**

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**Do you feel that the students' behaviour was effectively managed by teachers during the activity?**

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**Could Aimhigher have improved any aspect of the event?**

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**Thank you for completing this feedback form**

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