

ACTIVITY FEEDBACK FORM

1. Basic Information

Date of Activity: _____

Name of Activity: _____

2. Enjoyment

How would you rate your overall enjoyment of the activity?

- Very Enjoyable
- Somewhat Enjoyable
- Neutral
- Somewhat Unenjoyable
- Not Enjoyable at All

3. Engagement

How engaged did you feel during the activity?

- Very Engaged
- Somewhat Engaged
- Neutral
- Somewhat Disengaged
- Very Disengaged

4. Difficulty Level

How would you rate the difficulty level of the activity?

- Too Easy
- Just Right
- Too Hard

5. Relevance

Did you find the activity relevant and meaningful?

- Very Relevant
- Somewhat Relevant
- Neutral
- Somewhat Irrelevant
- Not Relevant at All

6. Instruction Clarity

Were the instructions and expectations for the activity clear?

- Very Clear
- Clear
- Neutral
- Unclear
- Very Unclear

7. Atmosphere

How would you describe the atmosphere during the activity?

- Very Positive
- Positive
- Neutral
- Negative
- Very Negative

8. Suggestions for Improvement

What suggestions do you have for improving this activity?

9. Additional Comments

Any other comments or feedback you'd like to share?