
























STUDENT'S FEEDBACK SHEET

Name: Date:

Please complete this form by circling the 'face' to answer the questions.

About the course:	Yes	No
Was once a week enough?		
Was the time of day good?		
Was the venue good?		
Did you enjoy the workshop sessions?		
Were the discussion sessions helpful?		
Was the health and safety session good?		
Did you enjoy the activity event?		
Were our Workshop Supervisors helpful?		
If a Police Officer was with your group, was he/she helpful?		
Did you find the Fire Service (Driving Skills) session useful?		
Was your group leader helpful?		
Did you enjoy working with the young people in your group?		

We would be grateful if you would also answer these questions:

As a result of attending the course:	Yes	No
Will you now be <i>more</i> likely to attend school?	☺	☹
Will you be <i>less</i> likely to commit petty theft?	☺	☹
Will you be <i>less</i> likely to shoplift?	☺	☹
Will you be <i>less</i> likely to be driven in a stolen car?	☺	☹
Will you be <i>less</i> likely to steal a motorbike?	☺	☹
Will you be <i>less</i> likely to steal a car?	☺	☹
Will you be <i>less</i> likely to take drugs?	☺	☹
Is your attitude towards the police better?	☺	☹

What did you enjoy about this course?

.....

What did you learn?

.....

What did you want to learn?

.....

What did you enjoy about the activity?

.....

Thank you for completing this form.