Evaluation Form

Tell us what you think!

My age:_____ **I identify my gender as:_____**

How would you rate this activity? (Please circle one)

This activity made me feel (Please circle one)

What was the best thing about this activity? (Please write below)

What was the worst thing about this activity? (Please write below)

What would make it better? (Please write below)

Something new that I learned about data (Please write below)