

Smart Grid for Schools Feedback Form

_____ Your Name

Overall condition of the exhibit(s) when arrived: _____

Overall condition of the exhibit(s) after use: _____

Classroom Visits:

Classroom Usage Dates: _____ to _____

Total hours actually used in the classroom: _____

Average time each student worked with the exhibits: _____

How did the curriculum work for you and your students? What did you find very helpful? What should we consider changing?

Special Event(s):

Special Event Date(s): _____

Length of time for the event(s): _____

In your conversations with parents or other adults, what did they think of the exhibits?

Additional comments (use back side if needed): _____

Please return your completed form by email to alfain@ilstu.edu, or by fax to 309-438-3592, or by mail to CeMaST, Illinois State University, Campus Box 5960, Normal, IL 61790-5960.