

CAREERS ACTIVITY

EMPLOYER / PROVIDER FEEDBACK FORM

EMPLOYER NAME:

ACTIVITY NAME:

1. DID YOU KNOW WHAT THE OBJECTIVE(S) OF THIS ACTIVITY WERE?

YES **NO** **NOT SURE**

2. WERE THE INSTRUCTIONS YOU RECEIVED FROM THE SCHOOL REGARDING THIS ACTIVITY CLEAR?

YES **NO** **NOT SURE**

3. DO YOU FEEL THE ACTIVITY KEPT THE STUDENTS ENGAGED?

YES **NO** **NOT SURE**

4. DID THE STUDENTS ASK QUESTIONS?

YES **NO** **NOT SURE**

5. DO YOU FEEL THAT PARTICIPATING IN THIS ACTIVITY WAS A GOOD USE OF YOUR TIME?

YES **NO** **NOT SURE**

6. WOULD YOU BE INTERESTED IN PARTICIPATING IN THIS TYPE OF ACTIVITY AGAIN AND WHICH YEAR GROUPS DO YOU THINK IT WOULD BE MOST BENEFICIAL FOR?

7. HOW DO YOU THINK THIS ACTIVITY COULD BE DEVELOPED IN THE FUTURE?

SIGNED:

EMPLOYER:

DATE:

CREATING OUR FUTURE WORKFORCE



Worcestershire
Local Enterprise Partnership

THE **CAREERS &
ENTERPRISE**
COMPANY