

Children's Water Festival

Teacher Survey 2020

Name: _____

School: _____

How would you rate your satisfaction with the Festival:

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
Communication before the festival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date and time of the festival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher resource bags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel that your students learned something new about water at the festival?

What was your favorite presentation?

Do you have any suggestions on improving the festival?

Overall comments and suggestions?