

Aboriginal Education Centre – Revised 2021

PROJECT Evaluation Form

PROJECT TITLE & DATE PERFORMED: _____

(Complete within 1 week of Project completion & fax to 250-991-5587)

COMPLETED BY: _____

SCHOOL: _____

Please indicate the Indigenous School Growth Plan Goal this evaluation applies to:

Please check the boxes that applied to the description of the project

Culture Literacy Communication Nutrition Music Social Development Other

of Aboriginal Students involved _____

of Non Aboriginal Students involved _____

BRIEF PROJECT DESCRIPTION:

Was the project relevant to what the students are currently studying?

Yes, very relevant Mostly relevant Some what relevant Not relevant at all

Did the Students enjoy this project?

Yes, a lot Yes, mostly No, not much Not at all Not sure

Would the students like to perform/see this project again?

Yes No Not sure

Do you think this project was suitable to the age of the students?

Yes No

What in particular did the students like/dislike about this project?

How would you rate the cost of this project?

Good value Fair value No value

PLEASE NOTE: If pictures were taken during this project, please forward 1 or 2 pictures to christinekopetski@sd28.bc.ca or print and send via bus mail
The pictures and project evaluations will be shared with Council.

Signature: _____

Date: _____