

SCHOOL NAME _____

5. Did anyone help you to think about your learning during this activity? If so, who helped and how did they help?

6. How did this activity benefit others?

7. What might you do differently next time to improve?

8. How can you apply what you have learned in other life situations?

Candidate's signature: _____ Date _____

To be completed by the Activity Leader if the activity is 10 hours or less. Activities more than 10 hours see the *ACTIVITY LEADER'S EVALUATION REPORT* (yellow form).

Punctuality and attendance _____

Effort and commitment _____

Further comments: _____

The activity was (circle the desired response):
Satisfactorily completed

Not satisfactorily completed

Activity leader's name _____

Activity leader's signature: _____

Date _____