

# 21<sup>st</sup> Century Afterschool Science Project Feedback Form

Your feedback is important to us! Please complete this feedback form and return it to:  
Haydee Y. Perez-Livingston, Coordinator, Extended Educational Services Unit, Division of Student Services, Office  
of Educational Support Services, Department of Education, P.O. Box 500, Trenton, NJ 08625, FAX: 609-633-9655  
or email [NJ21stCCLC@doe.state.nj.us](mailto:NJ21stCCLC@doe.state.nj.us)

- Name of your Afterschool Program: \_\_\_\_\_
- Gender:         Male         Female
- Are you a teacher?         Yes         No
- Grades(s) Taught: \_\_\_\_\_ Subject(s) Taught: \_\_\_\_\_
- If not a teacher, what is your position?
- How many students did you have on average participating in the science program? \_\_\_\_\_
- What age range? \_\_\_\_\_
- How often did you do the science activities? (1x per week, etc.) \_\_\_\_\_
- Are you comfortable facilitating science activities?     Yes         No
- Why or why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Why did you want to offer the 21<sup>st</sup> Century Afterschool Science Project (21<sup>st</sup> CASP)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Overall, how well did the 21<sup>st</sup> CASP meet your expectations? (Please circle)

<b>Greatly Exceeded</b>	<b>Met &amp; Exceeded</b>	<b>Just Met</b>	<b>Nearly Met</b>	<b>Fell Below</b>	<b>Fell Far Below</b>
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*Please turn over....*

