

STEM Club Participant Feedback Form

Full Name

Email

Age

Grade/Year

Session Attended

How would you rate your overall experience?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

What did you enjoy the most?

Any suggestions for improvement?

Would you recommend STEM Club to others?

- ☐ Yes
- ☐ No
- ☐ Maybe