**Teacher Feedback Form**

**School & District:**

**Teacher’s Name & Class Name:**

Thank you for taking part in the NFPA Fluid Power Action Challenge. Please help us make the next event even better by providing feedback about your experience.

Have you had a team(s) compete in the Action Challenge before? Circle one: Yes No

Please rate the following criteria: *(Enter* ***E****: Excellent;* ***VG****: Very Good;* ***G****: Good;* ***F****: Fair;* ***P****: Poor)*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Rating** *(enter* ***E****,* ***VG****,* ***G****,* ***F*** *or* ***P****)* | **Comments** |
| Overall Experience |       |       |
| Pre-challenge workshop |       |       |
| Appropriateness of the task |       |       |
| Curriculum relevance |       |       |

1. The best thing from the overall experience was….
2. Is there anything you would like to see changed?
3. How does your team meet during the Challenge preparation time? (Cirlce one)
	1. As part of an after-school program
	2. After school as needed
	3. During School
4. Was your team successful in building a completed machine? (Circle one)
	1. Yes and it was functional
	2. Yes but it did not function
	3. No (please let us know what the obstacles were)
5. Do you have any suggestions to help teams be more successful on Challenge Day?