



# 2020 PROGRAM FEEDBACK FORM

## I Student Survey

### THANK YOU!

Thank you for participating in our Theatre-In-Education program this year with enthusiasm and energy!

We need your feedback so that we can continue to improve what we offer to schools and students.

This survey is about **you** telling **us** what you liked and found valuable about your Eagle's Nest Theatre experience, and what you didn't like. Please be honest with your responses – we really appreciate your feedback and we take it very seriously.

Please fill out a copy of this questionnaire **for each program** (you may have participated in a Workshop **as well as** a Performance) presented by Eagle's Nest Theatre and return the completed form to your relevant teacher.

Thanks again and we look forward to reading and considering your responses.

Regards,  
The team at Eagles Nest

#### 1. Your details:

Name: \_\_\_\_\_ Year level: \_\_\_\_\_  
School: \_\_\_\_\_

#### 2. What text or theme was addressed by the Eagle's Nest Theatre program?

\_\_\_\_\_

#### 3. Which type of program did you participate in?

PERFORMANCE  WORKSHOP  Both  *Please select ONE*

#### 4. Which area of study was the program aimed at?

CONTEXT STUDY  TEXT RESPONSE  Other \_\_\_\_\_

#### 5. How would you describe the program content and knowledge of presenter?

RELEVANT  ENTERTAINING  INSIGHTFUL   
IRRELEVANT  BORING  TYPICAL

#### 6. How would you rate the communication skills of the presenter?

CLEAR  PRECISE  FRIENDLY   
UNCLEAR  IMPRECISE/VAGUE  UNFRIENDLY

#### 7. How would you rate the professionalism of the program staff?

VERY  PROFESSIONAL  UNPROFESSIONAL  *Please select ONE*  
PROFESSIONAL

#### 8. What parts of the program did you find most helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Were there any parts of the program that you found less helpful?

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10. What improvements do you feel could be made to the program?

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11. As a student, how would you rate your engagement with the program?

- VERY OFTEN   
ENGAGED
- OFTEN   
ENGAGED
- SOMETIMES   
ENGAGED
- NEVER   
ENGAGED

12. How do you feel that the program assisted you to meet assessment requirements?

- IMMEDIATE   
IMPROVEMENT
- ONGOING   
IMPROVEMENT
- NO   
IMPROVEMENT
- Please select  
ONE*

13. How do you feel the program assisted you in other academic areas? *Please select ANY applicable*

- Improved engagement with theatre texts
- Improved engagement with non-theatre texts
- Improved confidence students in discussion
- Improved critical thinking skills
- Improved essay writing skills
- No Improvement

14. How satisfied were you with this program, out of 100?   /100

15. If you had to describe **one moment** or **one idea** from this experience, what would that be?

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16. Do you have any other comments or questions for the program organisers?

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**Please return your completed survey to your relevant teacher.  
We look forward to working with you again!**

**THANK YOU FOR YOUR TIME!**

