



PROJECT FEEDBACK FORM

Date of Project Completion: _____

Title of Project: _____

Benoit First Nation Mi'kmaq Band

Mi'kmaw Centre

*811 Oceanview Drive,
Cape St George, NL. Canada. A0N 1T1*





On a scale of 1-4 where 1 is strongly disagree and 4 is strongly agree, please circle the most appropriate answer:

1. The Project **content** and presentations were:

- a) Relevant 1 2 3 4
- b) Comprehensive 1 2 3 4
- c) Easy to understand 1 2 3 4

Comments: _____

2. Project **handouts**:

- a) Supported presentation material 1 2 3 4
- b) Provided useful additional information 1 2 3 4
- c) Were clear and well-organized 1 2 3 4

Comments: _____

3. The **Project** was:

- a) Well-paced 1 2 3 4
- b) Breaks were sufficient 1 2 3 4
- c) A good mix between listening and activities 1 2 3 4

Comments: _____



Hand-outs: _____

Activities: _____

Supervisor: _____

Other: _____

9. What did you learn about in project that you anticipate using?

Please feel free to offer any additional comments about the Project:

Wela'lin / Thank you!