

For completion by students attending each masterclass  
Please make sure you complete your subject and school. Thank you



Department for Children and Young People

## Gifted and Talented Y 11 LEAP Masterclass Evaluation

Date

Your name (Optional)

Your School

Subject


### Content and Delivery

Q1 How would you rate the following?

	Excellent	Good	Satisfactory	Unsatisfactory
Masterclass's achievement of its objectives and outcomes				
Masterclass's impact on my interest and motivation				
Facilitator's support for my learning, including how I like to learn				
Activities' impact on my understanding and skills				
Handouts' and resources' impact on my thinking				
Masterclass's impact on my confidence in my learning				

Q2 What were the most important part(s) of your learning today?

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Q3 What was it about the workshops that engaged and motivated you?

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**Q4 Is there anything you covered today you would like more support with?**

**Q5 What would you like the subject facilitators to focus on in the next Masterclass, if they can?**

**Q6 What will you share with teacher(s) and students back in your own school?**

**Q7 If you have any further comments please make them here**

**Thank you for taking the time to complete this form**

Please complete and return to:-  
Gill Stone, PO Box 2082  
South Gloucestershire Council, Castle Street, Thornbury, BS35 9BY

**by Friday 7 May 2010**