

Event location: \_\_\_\_\_ Date: \_\_\_\_\_



# Cambridge Science Festival

## Hands-on Activities – Student Survey

1. How would you rate today’s event overall?  Poor  Fair  Good  Very good  Excellent

Please explain your rating:

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2. If you had to choose three words to describe your experience today, what would they be?

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3. How successful was today’s event at:	Not at all successful	A little successful	Somewhat successful	Very successful	Extremely successful
Making you more interested in science?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making science-learning fun and enjoyable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping you learn something new about science?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging you to seek out more activities like this in the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In today’s activity, did you get to handle and manipulate materials in order to learn about science?  Yes  No  I’m not sure

5. Did you interact with a science professional as a part of today’s event?  Yes  No  I’m not sure

6. Before today, had you ever had the chance to interact with a science professional before?  Yes  No  I’m not sure

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7. Are you:  Male  Female

8. How old are you? \_\_\_\_\_ years

9. Your race / ethnicity (Check all that apply.)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White or Caucasian

Mixed

Other; please describe: \_\_\_\_\_

10. What is your zip code? \_\_\_\_\_