

Appendix IV

ACTIVIY FEEDBACK SHEET

Name of Student Teacher: _____ Roll No. _____

Please tick (√) whichever you think is applicable and answer the questions. Answer HONESTLY and to the best of your ability.

1. The activity was
 - a. Very Interesting
 - b. Interesting
 - c. A little interesting
 - d. Not at all interesting
2. How do you feel after the activity?
 - a. Very Happy
 - b. Happy
 - c. A little happy
 - d. Not at all happy
3. The activity for me was
 - a. Very valuable
 - b. Valuable
 - c. A Little valuable
 - d. Not at all valuable

4. What did you gain through this activity?

5. Suggest some changes to further improve the activity.
