



Career Guidance Feedback



Complete name (optional): _____

Date: _____

Grade: _____

School: _____

Profession of the Presenter / Speaker: _____

Did you like the presentation?

1	2	3	4	5	6	7	8	9	10
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What profession would you like to have? _____

Do you want to go to university?

1	2	3	4	5	6
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Did the presentation help you to have a better vision for your university studies?

Yes	No
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1	2	3	4	5	6	7	8	9	10
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Would you like to have more presentations by other professionals?

1	2	3	4	5	6	7	8	9	10
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What more would you like to hear about? _____

Other comments: _____



Life Orientation - Feedback



Name: _____

Date: _____ Cell no.: _____ Grade: _____

School: _____

How did you like the presentation?

1	2	3	4	5	6	7	8	9	10
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Would you like to be of service to your community?

1	2	3	4	5	6	7	8	9	10
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Highlights of the presentation you liked: _____

Did it help you set goals for your future?

1	2	3	4	5	6	7	8	9	10
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What more would you like to hear about? _____

Would you like to join a Study Circle?

1	2	3	4	5	6	7	8	9	10
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If yes, which day:

Saturday	Sunday	Weekday
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 Time: _____

Father's cell no.: _____ Mother's cell no.: _____

Other comments: _____
