



STUDENT EVALUATION

First Name (Optional) _____ Date _____

Teacher _____ Grade _____

School _____ City, State _____

1. How would you rate your experience with the BizWiz program?
(Circle One)

Poor Not Good No Opinion Good Great

2. Please explain what you liked best about the BizWiz program.

3. Please explain what you liked least about the BizWiz program.

4. What did you learn during BizWiz that will be useful in school?

5. What did you learn during BizWiz that will be useful in the future?

6. Additional comments: