



STUDENT EVALUATION

First Name (Optional) _____

Date _____

Teacher _____

Grade _____

School _____

City, State _____

1. What did you learn in BizMovie that will be useful in school?



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1. What did you learn in BizMovie that will be useful in school?

2. What did you learn during BizMovie that will be useful in the future?

3. How would you rate your experience with the BizMovie program? (Circle one)

Poor Okay Good Great Excellent

4. Additional Comments:

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