

BIZWIZTM Student Evaluation

First Name (optional) _____

Date _____

Teacher _____

Grade _____

School _____

City, State _____

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

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First Name (optional) _____

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

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

3. How would you rate your experience with the BizWiz program? (circle one)

Poor Okay Good Great Excellent

4. Additional comments:

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

3. How would you rate your experience with the BizWiz program? (circle one)

Poor Okay Good Great Excellent

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Poor Okay Good Great Excellent

4. Additional comments: