

**Stores as Classrooms
Evaluation form for Schools**

Name of School _____

Name of Store _____

Date of Visit _____

Year Group _____

Lesson/subject title _____

Please rate the following out of ten (ten being the highest)

Pre visit contact and arrangements	
Welcome and introduction	
Main activity	
Contribution to national curriculum targets	
Over all experience	

Would you wish to repeat a visit? **Y** **N**

Year Groups - (please circle) **1 2 3 4 5 6**

Lesson Preferences _____

Additional Comments