**Maker Box Evaluation**

|  |  |  |
| --- | --- | --- |
| **Program:** | **Location:** | **Date:** |
| Do you have access to equivalent Maker tools or resources elsewhere in your community? (circle one) YES NO |
| How much knowledge did you have of the technology or skill presented before this program? (circle one)Never heard of it Heard of it, but never used it Have used it |
| Please share something you learned from this program. |
| Did you enjoy the program? (circle one)Yes Yes, but it wasn’t what I expected. No |
| How did you hear about the program? | Do you have ideas for future programs? |

**THANK YOU!**

**Maker Box Evaluation**

|  |  |  |
| --- | --- | --- |
| **Program:** | **Location:** | **Date:** |
| Do you have access to equivalent Maker tools or resources elsewhere in your community? (circle one) YES NO |
| How much knowledge did you have of the technology or skill presented before this program? (circle one)Never heard of it Heard of it, but never used it Have used it |
| Please share something you learned from this program. |
| Did you enjoy the program? (circle one)Yes Yes, but it wasn’t what I expected. No |
| How did you hear about the program? | Do you have ideas for future programs? |

**THANK YOU!**