**Maker Box Evaluation**

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| --- | --- | --- | --- |
| **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!**

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