Please fill out the form below with helpful feedback about the lesson you have taken. Your feedback will help us better improve the overall experience for user of the Makerspace.

Name: ___________________________ Date: _______________

Lesson: __________________________

Did you have trouble understanding the material?
Did the videos help better your understanding?
What did you like about the material? What didn’t you like about the material?
If you could make changes, what would you want to change?

Comments:

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