OUTDOOR SCHOOL STUDENT FEEDBACK FORM

COUNSELOR NAME _________________________________________

DATE ___________   SESSION   ☐ Morning   ☐ Afternoon

YES ☐ NO ☐
Positive role model ☐ ☐
Helpful with the students ☐ ☐
On task ☐ ☐
On time ☐ ☐
Respectful to teacher ☐ ☐

Comments:

□ □ □ □ □ □ □ □ □ □