GECKOS Program
Feedback Form

Name of School: _______________________________________________

Name of Presenter: _____________________________________________

Date of Visit: ________________________________________________

Duration of Visit: _____________________________________________

Name of Teacher: ______________________________________________

In the space below, please provide honest and constructive feedback
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Number of Students Participating:  

Number of Aboriginal Students:  

Signed (Teacher): ________________________________

Date: ____________________

Please return to:
Pam McDonnell
Administrative Assistant, Aboriginal Education Team
Catholic Education Office
T 6380 5292  F 9381 3201
E mcdonnell.pam@ceo.wa.edu.au