Adult Evaluation

Please leave completed form at the Registration Desk
Or mail to: The Academy of Applied Science, 24 Warren Street, Concord, NH 03301 (Fax: 228-4730)

Please complete this form. Your comments are important to us and will help us plan future celebrations. 1. I am a: ☐ Teacher, Grade _____ □ Parent □ Judge □ Other My child/student is in the _____ grade at _____ 2. (School) 3. Is this the first Young Inventors' Celebration you have attended? ☐ Yes ☐ No 4. Will your child/student participate next year? (if applicable) ☐ Yes ☐ No – If no, why? 5. Would you recommend the Young Inventors' Program® and the Annual Celebration to others? ☐ Yes ☐ No – If no, why? 6. Use reverse side for additional comments. **VOLUNTEERS NEEDED** Would you like to volunteer to work on the Young Inventors' Program®? If so, do you have a preference as to what you would like to help with, i.e. help with teacher workshops, help with program promotion, be part of the advisory group, etc.) Please fill out the following information only if you would like to be contacted: Name: Address: School (if applicable): Phone: E-mail: How would you like to assist the program? TEACHER WORKSHOP We are planning a Teacher Workshop on Inventing this summer. Would you like to attend? The workshop Will be held in August 2007. Please contact Pamela Hampton at phampton@aas-world.org or call (603) 228-4530 to sign-up or register below. Name: Address: School (if applicable): Phone: E-mail: