**ASSESSMENT OF ACTIVITY**

**INCREA+ Curriculum**

***For students***

|  |  |
| --- | --- |
| **TITLE of the activity you participated in** |  |
| **Teacher and school** |  |
| **Do you consider yourself at risk of exclusion?** | * Yes
* No
* I would prefer not to say
 |
| **How many sessions did you participate in?** |  |
| **What type of art was the activity based on?** |  |
| **Did you have any previous experience with this type of art, prior to the activity?** | * Yes
* To some extent
* No
 |
| **How do you feel about your art skills after the activity?** |  |
| **Did you feel the activity was easily accessible to you?** | * Yes
* To some extent
* No
 |
| **Were you provided with sufficient instructions?** | * Yes
* To some extent
* No
 |
| **Did you feel equally included in the activity?** | * Yes
* To some extent
* No
 |
| **Did you face any challenge in participating in the activity** | * Yes
* To some extent
* No
 |
| **If there was a co-facilitator, were they helpful?** | * Yes
* To some extent
* No
* There was no co-facilitator
 |
| **Do you have a better understanding of the topic of inclusion?** | * Yes
* To some extent
* No
 |
| **Do you think the activity helped you and the others around feel more included?** | * Yes
* To some extent
* No
 |
| **The activity helped me develop these 21st century skills** | * Critical thinking
* Communication skills
* Creativity
* Problem solving
* Perseverance
* Collaboration
* Information literacy
* Technology skills and digital literacy
* Media literacy
* Global awareness
* Self-direction
* Social skills
* Literacy skills
* Civic literacy
* Social responsibility
* Innovation skills
* Thinking skills
* None of the above
 |
| **Would you join art based activity again?** | * Yes, the same kind
* Yes, if it is a different kind

Preferred type: visual art, plastic art, digital art, performance art* No
 |
| **Do you have any comments or suggestions?**  |  |