



X-POLLI:NATION

Monitoring Form

Please could you fill in the following questions during/after each X-Polli:Nation activity to help researchers understand the impact of the project.

Name of School: _____

Name of Teacher: _____

Date of Activity: _____

Location (if not carried out on school grounds): _____

Activity Type (please circle): *Lesson 1: Raising Awareness About Pollinators*
Lesson 2a: Monitoring Pollinators (before habitat changes)
Lesson 2b: Monitoring Pollinators (after habitat changes)
Lesson 3: Planting for Pollinators
Lesson 4: Campaigning for Pollinators
Homework task: Spreading the word among the community
Other, please specify _____

Time Spent on Activity: _____

Total Number of Students Involved: _____

Of which girls _____

Of which boys _____

With an identified disability _____

Age Range/School Year: _____

Total Number of Community Members Reached (if students have engaged with people outside school with, for example, the homework task): _____

Please turn over to answer a short evaluation question.



How did you/your students find this activity?

Please let us know what impact this activity had on your students and your teaching. We are also interested in finding out how we can improve the resources, tools and approaches so any feedback you can provide us below would be most helpful.

Thank you for taking the time to fill in this form. Please return it to Claire Abercrombie (cabercrombie@ltl.org.uk).

