ISA Parent/ Guardian Activity Evaluation Form



To be completed by the International co-ordinator:

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School name: The Ambassadors College LA/Board: Ado-Odo Ofa
To be completed by a parent or guardian:
Name: Ebulce To Chulewa . S Year group of your child: Franke 7
Title of activity: Sport for Unity Date: 18/6/2024
Please comment on the impact this activity has had on your child and in your local community. It has improved his critical and logical
Thinking. It has improved his leadership skills
It has improved us tende so
If you have been directly involved in this activity what impact did it have on you? It helps me to causate children in the
·
And to put more entitort in Physical exer-
Cise.
How could we improve this activity next time?
How could we improve this activity next time? By brganising Competition for student
around the school emvironment
Any other comments?

Thank you for your time and comments.