

Participant Feedback Form
6th Grade

Name: _____

Date: _____

What was your favorite part of the Nu-CULTURE program?

What was the most important thing that you learned?

Comments:



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School: _____

Age: _____

Gender (*Please check one*): Male or Female

Race/Ethnicity (*Please check all that apply*):

_____ American Indian

_____ Latino/Hispanic

_____ Black/African American

_____ Multi-Racial

_____ Asian

_____ White/ Non-Hispanic

_____ Other: _____



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