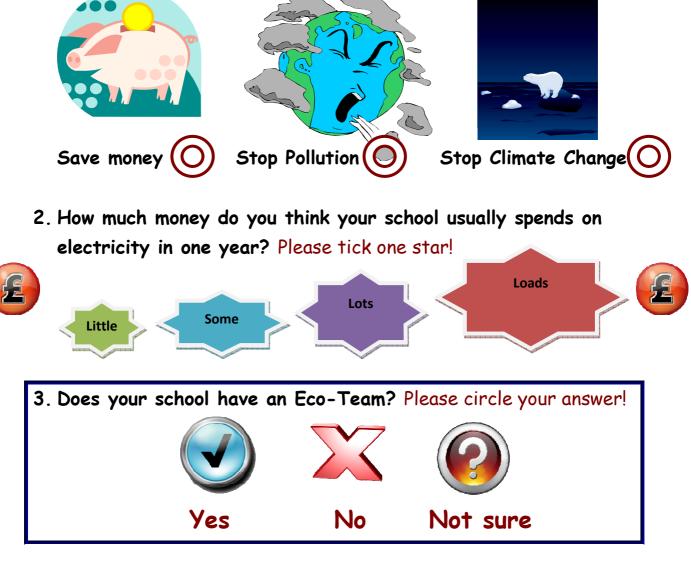


## KS1 Energy Awareness Evaluation (After)

Date \_\_\_\_\_

First name	Last name
What is the name of your school?	
What class are you in?	How old are you?
1. When you save energy you? Please tick the circles!	



4. Have you seen any of these signs in your school? Please circle the ones you have seen!



5. What is the best thing to do to lights when you leave a room? Please tick one circle!



6. Which of the following do you do everyday?



7. Please circle your answer...



