



G2G Communities CIC
Cymunedau G2G CBC

FFURFFLENNI ADBORTH CASTELLAU CADW

Enw:

Dyddiad:

Ysgol:

	CWESTIWN	
1	Faint o wybodaeth oeddech chi'n gwybod am y castell cyn dechrau prosiect hwn?	Llawer iawn <input type="checkbox"/> Ychydig <input type="checkbox"/> Ddim yn llawer <input type="checkbox"/>
2	A oeddech chi wedi ymweld â'r castell cyn i'r prosiect ddechrau?	Oedd <input type="checkbox"/> Nac oedd <input type="checkbox"/>
3	A hoffech chi ymweld â'r castell eto yn y dyfodol?	Bydd <input type="checkbox"/> Na Fydd <input type="checkbox"/>
4	Hoffech chi ymweld â mwy o gestyll CADW yn y dyfodol?	Bydd <input type="checkbox"/> Na fydd <input type="checkbox"/>
5	Faint wnaethoch chi fwynhau'r prosiect?	Llawer iawn <input type="checkbox"/> Ychydig <input type="checkbox"/> Ddim yn llawer <input type="checkbox"/>
6	Pa mor hawdd oedd hi i ddilyn y cyfarwyddiadau a nodir ar yr adnoddau dysgu?	Hawdd iawn <input type="checkbox"/> Hawdd <input type="checkbox"/> Anodd <input type="checkbox"/>
7	Pa weithgareddau wnaethoch chi eu mwynhau fwyaf wrth gymryd rhan yn y prosiect hwn?	
8	A oes unrhyw beth am y prosiect hwn a allai fod wedi cael eu gwella?	

Diolch am gwblhau'r ffurflen adborth hon.



CADW CASTLES FEEDBACK FORM

Name:

Date:

School:

	QUESTION	
1	How much information did you know about the castle before this project started?	A great deal <input type="checkbox"/> A little <input type="checkbox"/> Not a lot <input type="checkbox"/>
2	Had you visited the castle before the project started?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Would you like to visit the castle again in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Would you like to visit more CADW castles in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	How much did you enjoy the project?	A great deal <input type="checkbox"/> A little <input type="checkbox"/> Not a lot <input type="checkbox"/>
6	How easy was it to follow the instructions set out on the learning resources?	Very Easy <input type="checkbox"/> Easy <input type="checkbox"/> Difficult <input type="checkbox"/>
7	Which activities did you enjoy the most when taking part in this project?	
8	Is there anything about this project that could have been improved?	

Thank you for completing this feedback form.