

**Leisure and Cultural Services Department  
One Person, One Flower Scheme and  
Planting Herbs in School Scheme 2022/23  
Opinion Survey**

**Please tick the appropriate boxes, and submit the activity record book to the Zoological & Horticultural Education Unit of the LCSD on or before 31 March 2023 by post, fax or email.**

**Address: 1/F, Kowloon Park Office, 22 Austin Road, Tsim Sha Tsui, Kowloon**

**Fax number: 2367 0556**

**Email Address: zheu@lcsd.gov.hk**

**Scheme(s) participated:**

One Person, One Flower Scheme       Planting Herbs in School Scheme

**1. Contents of information leaflet and demonstration videos (uploaded to the LCSD webpage)**

Very useful       Useful       Fair       Not Bad       Not useful

Other comments: \_\_\_\_\_

**2. Activity report**

**2.1 Time allowed for preparation and submission**

Very sufficient       Sufficient       Fair       Insufficient       Very insufficient

**2.2 Preferred format**

Free style       Sample format provided by LCSD       No comment

Other comments: \_\_\_\_\_

**3. Did your school organise any fringe activity for the planting of seedlings?**

Yes (Please specify: \_\_\_\_\_)

No

**4. How effective is/are the scheme(s) in cultivating students' interest in plant growing?**

Highly effective       Quite effective       Effective       Fair       Not effective

Other comments: \_\_\_\_\_

**5. Distribution of seedlings**

5.1 Time of seedling delivery

Very satisfactory  Satisfactory  Fair  Unsatisfactory  Very unsatisfactory

5.2 Determination of the order of seedling delivery to participating schools (grouped by region) by balloting

Very satisfactory  Satisfactory  Fair  Unsatisfactory  Very unsatisfactory

Other comments: \_\_\_\_\_

**6. Will your school join the scheme(s) again?**

Yes  No

**7. Overall comments on the scheme(s)**

\_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_

District:

Central & Western  Eastern  Southern  Wan Chai  Kwun Tong  
 Yau Tsim Mong  Sham Shui Po  Kowloon City  Wong Tai Sin  Tuen Mun  
 Sai Kung  Sha Tin  Tai Po  North  
 Islands  Kwai Tsing  Tsuen Wan  Yuen Long

Signature of Principal: \_\_\_\_\_ School Chop: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~Thank you very much for your valuable opinion. ~~~~~