



Time and the Valleys **MUSEUM**

P.O. Box 254, 332 Main Street, Grahamsville, New York 12740
845 988-7700 www.timeandthevalleymuseum.org

School Field Trip Evaluation Form

Please complete this survey about your recent school visit to the Museum and return it to the above address. Your feedback helps us to improve the program we offer schools. Thank you.

Date of your visit: _____ School: _____ Grade: _____

Did the material fit your curriculum needs? Yes No Was it appropriate for the grade level? Yes No

Comments on the above: _____

Did you use our website for pre/post visit lessons? Yes No If not, why not?: _____

If yes, were they useful?: _____

Any comments (positive or negative) on the guide's presentation of material?: _____

What would your students say was the **BEST** part of their visit?: _____

What would they say was the **LEAST** successful part of their visit?: _____

What do you think was the **BEST** part of your class trip? : _____

What do you think was the **LEAST** successful part of your visit?: _____

How can we improve the program?: _____

Do you have any program ideas that you would like to see at the Museum? : _____

Additional comments or suggestions: _____

How did you hear about the program?: _____

Do you know anyone else who might like information on the program? : _____
