Tour Evaluation Form

Name __________________________________________

Group Name __________________________________________________________

Date of visit ______________

♦ Is this a first time or return visit?

♦ Was the length and content of your tour age appropriate?

♦ Did the material suit your curriculum needs? How/How not?

♦ What was the best part of your tour/visit?

♦ What was the least successful part of your visit?

♦ Is there anything you wanted to see that was not exhibited?

♦ What do you feel should be added to the tour to improve it?

♦ What was your overall impression and evaluation of the Ziibiwing Center?