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?