

## Program Evaluation

Dear Teacher,

Your feedback is very important to us! Please take a moment and answer the questions below. We would appreciate collecting your feedback directly after the program. You can also mail your response to the following address:

CMOSC – MOG, P.O. Box 2615, Petaluma, CA 94953

Thank you!

School: \_\_\_\_\_

Grade level: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Optional)



Please answer the following using the 1 to 5 scale:	(1) Not at all/Poor	(2) Somewhat/Fair	(3) Good	(4) Very Good	(5) Excellent
I. Did today's program meet your expectations?					
II. Does this program fit into your class curriculum plan?					
III. Was this program age appropriate?					
IV. Do you think students can apply their experience at the Museum on the Go to classroom lessons?					
V Overall, how would you rate this program?					

Would you like the Museum on the Go to return? \_\_\_ Yes \_\_\_ Maybe \_\_\_ No.

Any other comments or suggestions?