New Adventures in Learning
Field Trip Evaluation, Comments, and Suggestions

Class Name ___________________________  Class Number __________________

Coordinator ______________________________

Help us continue to improve our program by completing the items below.

A. Circle your opinion.

- Was the class what you expected, based on the Curriculum Guide description?  YES  NO

- Were you given clear directions on meeting the group and getting to and from the destination?  YES  NO

- Was there a meal on the trip?  YES  NO
  If so, would you recommend this restaurant for future trips?  YES  NO  Not Applicable

- Was the trip appropriate for your physical ability?  YES  NO
  If not, please explain. _________________________________________________________________
  ____________________________________________________________________________________

- Was enough time allotted for tour and sight seeing?  Just right  Too much  Not enough

B. If you wish to comment, complete these sentences:

- The best part of this field trip was ______________________________________________________

- I wish this trip had included ________________________________________________________

C. Add any other comments you wish to make on this class or the program in general.

_______________________________________________________________________________________________________

D. Recommendations for other classes and possible presenters (including yourself): _______

_______________________________________________________________________________________________________

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March, 2015