

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): _____
