

Virtual Field Trip Evaluation Form

Your evaluation is very important to others. Please include any comments you have that will help educators decide if the program would meet their needs.

Teacher Name: _____ Grade(s): _____ # of Students: _____
 School: _____ District: _____
 Teacher Email: _____ Phone: _____
 Content Provider: _____
 Title of Program: _____
 Subject Area: _____ Standards Addressed: _____

Use the following scale to answer questions 1-15 below.

	5=Excellent	4=Very Good	3=Average	2=Below Average	1=Poor	
1. Usefulness of program	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Organization of program	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Length of program	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Quality of presenter(s)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Responsiveness to questions	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
6. Quality of questions/Inquiry skills	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Amt. of interaction betw. provider & class	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Quality/appropriateness of interaction	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
9. Pre- and post-conference materials	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Intended outcome was achieved	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
11. Content was conveyed to students	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
12. Standards/curriculum addressed	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
13. Technical effectiveness of lesson	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
14. Appropriateness for grade level	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
15. Program met your expectations	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>

Would you recommend this program to others? Why or why not?

What would improve the program?

Did the experience complement the classroom experience? If so, how?

Comments: