39 Scofieldtown Road Stamford, CT 06903

203.322.1646 telephone 203.322.0408 fax stamfordmuseum.org



Program Evaluation

Dear Teacher : We are comprove our programs, ple									aint	ain and
Name (optional)									_	
E-mail (optional)										
Would you like to receive										
School or Organization										
Grade/Age Level										
Name of Program (s)									_	
SM&NC Teacher Name (s	3)								_	
Please tell us how you fou	and out abou	t the program y	ou particip	pated in:						
website		SM&NC brock	nure	word of	mouth					
school administration	_	co-worker		other						
Your visit at a glar Please rate your experi		Stamford Mu	ıseum & N	Nature Center usir	ng the fo	ollo	wii	ng :	sca	ale:
Poor	Fair	Good		Very Good 4	E	xc	elle	ent		
Promotional materials and Comments	program broo	chure			1	2	3	4	5	NA
Ease of registration proces Comments:	s				1	2	3	4	5	NA
SM&NC teacher's instruction Comments:	onal ability				1	2	3	4	5	NA
Program methods/structure Comments:	∍ (appropriate	to audience an	nd subject r	natter)	1	2	3	4	5	NA
Extent to which the program Comments:	m fit your cur	riculum			1	2	3	4	5	NA
Overall experience with SM Comments:	I&NC				1	2	3	4	5	NA

Your visit in depth
What was the highlight of your group's experience with the Stamford Museum & Nature Center?
Which parts of the program seemed most effective for your students?
If you could change or add components to the program, what would they be?
In what way did the program meet and/or differ from your expectations?
What is your main reason for booking programs with SM&NC?
What other programs would you like to see offered by SM&NC?