

GROUP TOUR EVALUATION

Please fill this out and return to the museum in the envelope provided. Thank you!

Museum Education Department
1701 E. Front St
Traverse City, MI 49686
(231) 995-1029

1. Please rate the overall success of your museum experience:

Very Successful Successful Somewhat Successful Not Successful

2. How did you learn of the Dennos Museum Center tour program? (check all that apply)

Previous Tour to museum Museum Open House
 Recommended by another group leader Museum publication/Mailing
 Museum Website Other _____

3. In preparing for the tour, which of the following did you use? (check all that apply)

Museum Website Personal visit to the Museum
 Information from the docent Other: _____

Please use the space below and on the back of this form to answer the following questions and for any other information that you think would help us to provide a beneficial museum visit for your and other students.

4. What were your goals for this visit?

5. What happened during the visit to support these goals?

6. What (if any) comments did you hear from group members?

7. When do you plan to visit the Museum again?

8. Please rank the best ways for the museum to communicate with you?

Website Phone Email: _____
 Direct Mail Newspaper Other _____

9. How often would you like to receive information about exhibitions and other programs at the Museum?

10. Would you recommend this tour experience to another group? Why or why not?

11. What do you think your group will remember about this visit five years from now?

| TO BE FILLED OUT BY THE DOCENTS | Name of Docent(s) | Role/Rotation |
|-------------------------------------|-------------------|---------------|
| Date of tour _____ # Visitors _____ | _____ | _____ |
| Organization _____ | _____ | _____ |
| Group Leaders(s) _____ | _____ | _____ |
| Tour theme _____ | _____ | _____ |