

TO BE FILLED OUT BY THE DOCENTS

Name of Docent(s)

Role/Rotation

Date of tour _____ Teacher(s) _____

School _____ Grade(s) _____

Students _____ # Teachers & Chaperones _____

Tour theme _____

THE
Dennos
MUSEUM CENTER

TEACHER 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 teacher Museum publication/Mailing
 Museum Website Other _____

3. In preparing your students 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 Materials from the school. Please specify: _____
 Pre-tour materials from Museum Other: _____

4. What were your teaching/learning goals for this visit?

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

6. What (if any) comments did you hear from students and chaperones?

7. Were iPads or other mobile devices used during the tour? Yes No

7a. If so, please rate their effectiveness as tools for student learning. Check all that apply.

Engaged students Helped students learn Activity related to the subject
 Distracted students Did not help students learn Was unrelated to the subject

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 teacher? Why or why not?

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