



Museum Tour Evaluation Form For Teachers

Date of Tour: _____ Team Leader: _____ Docents: _____

School: _____ Teacher: _____ Grade: _____

On a scale of 1 to 5 (5 being the best or strongest agreement), please respond to the following statements:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Scheduling and communications were handled smoothly. | 1 | 2 | 3 | 4 | 5 |
| 2. Bus scheduling went smoothly. | 1 | 2 | 3 | 4 | 5 |
| 3. The PowerPoint prepared my students for their museum visit. | 1 | 2 | 3 | 4 | 5 |
| 4. The tour began promptly and ended on time. | 1 | 2 | 3 | 4 | 5 |
| 5. The information presented was of interest to the students. | 1 | 2 | 3 | 4 | 5 |
| 6. The language and tone were age appropriate. | 1 | 2 | 3 | 4 | 5 |
| 7. The Docents acknowledged responses and questions positively. | 1 | 2 | 3 | 4 | 5 |
| 8. The contents of the tour met my curricular needs.
(Please take a moment and comment) | 1 | 2 | 3 | 4 | 5 |

9. Do your students have opportunities to study and practice art at school?

10. Do you plan to schedule a tour next year? Yes No

11. Were the take-home materials you received useful?

12. Do you or your students have any comments or suggestions?

Thank you! Your comments will help us provide the best services possible. **Please return this to the Docent Council by folding and affixing a stamp to the back, by faxing it to 805.966.6840 or by emailing it to rkrieps@sbma.net.**

Santa Barbara Museum of Art
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ATTN: Rachael Krieps