

# Chiltern Open Air Museum

## School Evaluation Form



Name of School: .....

Date of visit: .....

Please tell us what you thought about your visit today using the headings below. Your feedback is very important to us and will help us to develop our services.

**Support for your visit:** *from booking to arrival...*

Overall rating: excellent  good  average  poor  very poor

**Facilities:** *from coach parking to lunch venues...*

Overall rating: excellent  good  average  poor  very poor

**Activity workshops:** *from learning aims to equipment...*

Overall rating: excellent  good  average  poor  very poor

**Support for learning:** *from displays to staff...*

Overall rating: excellent  good  average  poor  very poor

### Quick Questions:

How did you hear about the Museum?

- Leaflet
- E-mail
- Website
- Advert
- Recommendation
- Previous visit
- Other: .....

Did you use the Teacher's Pack provided? Yes / No

Did you use the worksheets provided? Yes / No

Did you take part in any pre-booked activity workshops? Yes / No

Did you enjoy your visit with us today? Yes / No

If you answered **no** to any of these questions please tell us why:

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*Please use the back of this form if you have any other comments.*