



Evaluation – Education Programs

To ensure that the Museum of the Riverina continues to provide quality education programs to our audiences, we ask you to complete this short evaluation form

The form can be handed to your presenter, Museum staff members or faxed back to 02 6926 9309 at a later date.

School: _____ Primary Secondary

Postcode: _____

Stage: Early Stage 1 Stage 1 Stage 2
 Stage 3 Stage 4 / 5 Stage 6

Date of Visit: _____ Time of visit: _____

Presenter's/Guide's Name: _____

Botanic Gardens site Historic Council Chambers site

1. How do you rate the following components of your visit?
(Please rate on a scale of 1 to 5 with 1 being very unsatisfactory and 5 being very satisfactory)



	1	2	3	4	5
a. Introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Guide / Presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tour / program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Effectiveness of program in meeting your school's curriculum needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What did you like best about your visit or experience?

3. What improvements could we make to the programs and services we offer?

