**School Visits Teacher Evaluation**

We value your comments and opinions. Please take a little time to fill in the evaluation form below and return to a member of our team. Many thanks.

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| Name of School: | Year group: |
| Your name: | Date of visit: |
| Position (Circle): Class Teacher/ TA/ Parent Helper/ Other: | |
| Museum (Circle): Bosworth/ 1620s/ Charnwood/ Melton/ Market Harborough | |
| Workshop/ Package Name: | |
| 1. Please rate your overall experience of your school visit to the Museum:  1 2 3 4 5  lowest highest | |
| 2. How would you rate the education staff leading the sessions?  1 2 3 4 5  lowest highest | |
| 3. How would you rate the resources used in the session?  1 2 3 4 5  lowest highest | |
| 4. What went well? | |
| 5. How could we improve? | |
| 6. Would you plan a school trip with us in the future? (Circle) Yes/ No | |
| 7. Would you recommend us? (Circle) Yes/ No | |
| 8. Can we quote your feedback on our promotional materials? (Circle) Yes/ No | |
| 9. Would you like to hear about new workshops and take part in free trials? If so, please write your email address here: | |

Thanks for taking the time to complete our evaluation. We hope to see you again soon!