



School/Group Name \_\_\_\_\_

Date/Time \_\_\_\_\_ Planetarium Show \_\_\_\_\_

**1 = poor, 2 = fair, 3 = good, 4 = excellent**

**OVERALL EXPERIENCE**

Show Content	1 2 3 4	Originality	1 2 3 4	Pace	1 2 3 4
Grade level suitability	1 2 3 4	Booking Procedure	1 2 3 4	Value for Price	1 2 3 4
Relevance to curriculum	1 2 3 4				

Comments: \_\_\_\_\_

**PLANETARIUM OPERATOR**

Name: \_\_\_\_\_

Knowledge	1 2 3 4	Volume	1 2 3 4	Grade-appropriate language	1 2 3 4
Enthusiasm	1 2 3 4	Clarity	1 2 3 4	Encouraged participation	1 2 3 4
Organization	1 2 3 4	Leadership	1 2 3 4	Flexibility	1 2 3 4

Comments: \_\_\_\_\_

**WORKSHOP LEADER**

Name: \_\_\_\_\_

Knowledge	1 2 3 4	Volume	1 2 3 4	Grade-appropriate language	1 2 3 4
Enthusiasm	1 2 3 4	Clarity	1 2 3 4	Encouraged participation	1 2 3 4
Organization	1 2 3 4	Leadership	1 2 3 4	Flexibility	1 2 3 4

Comments: \_\_\_\_\_

Will you book programs for classes in the future? Why or why not? \_\_\_\_\_

What topics would you like to see addressed in programs for the future? \_\_\_\_\_

Additional comments / Suggestions \_\_\_\_\_

May we contact you to follow-up on your ideas?    **YES**                      **NO**  
 If yes, name: \_\_\_\_\_                      Phone number \_\_\_\_\_

Thank you for your time and consideration in completing this form.  
 Your comments are very important to us. Please return completed  
 evaluations to the **box office**, mail to: **Planetarium/Science**  
**Gallery Manager, 190 Rupert Avenue, Winnipeg, Manitoba,**  
**R3B 0N2, or fax to: 204-942-3679.**

**Fill out to win a FREE class pass!!**

Name : \_\_\_\_\_

School : \_\_\_\_\_

Phone # : \_\_\_\_\_