

SCIENCE GALLERY EVALUATION



School/Group Name _____
Date/Time _____ Presenter _____
Program _____

OVERALL SCIENCE GALLERY EXPERIENCE

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

Booking/Registration 1 2 3 4 Value for price 1 2 3 4 Check-in/Box Office 1 2 3 4
Length of gallery exploration 1 2 3 4 Exhibit content 1 2 3 4 Educational value 1 2 3 4

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

Content 1 2 3 4 Duration 1 2 3 4 Relevance to curriculum 1 2 3 4
Level of complexity 1 2 3 4 Grade level suitability 1 2 3 4 Entertainment value 1 2 3 4

Which experiment/demonstration (if any) stood out as particularly effective in conveying a curriculum point?

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

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 Pace 1 2 3 4

VENUE (Education Space) 1 = poor, 2 = fair, 3 = good, 4 = excellent

Location in gallery 1 2 3 4 Temperature 1 2 3 4 Noise levels from Gallery 1 2 3 4
Visibility of presentation 1 2 3 4 Comfort 1 2 3 4 Use of media/technology 1 2 3 4

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

What motivated you to book a program at the Science Gallery? _____

Additional comments/suggestions? Please use the back if more room needed. _____

May we contact you to follow-up on your ideas/comments? 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** or mail to: **Planetarium/Science Programs Supervisor, 190 Rupert Avenue, Winnipeg, Manitoba, R3B 0N2**, or fax to: **204-942-3679**.*

Fill out to win a FREE class pass!!

Name : _____

School : _____

Phone # : _____