



School/Group Name _____

Date/Time _____ Program _____

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

OVERALL EXPERIENCE

Program 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: _____

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**

If yes, name: _____

NO

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 # : _____