

Virtual Field Trip Evaluation Form

The goal of this evaluation is to help other educators plan videoconferences with content providers. Your evaluation is very important to others. Please include any comments you have about your experience that will help educators decide if the program meets their needs.

Teacher/Facilitator Name: _____

District: _____

School: _____ # of students _____

E-mail (optional): _____ Phone _____

Site visited: _____

Date of Program: _____

Title of Program: _____

Subject Area: _____ Standards addressed _____

Grade Level of viewers: K-2 3-5 6-8 9-12

5=Excellent 4=Very Good 3=Average 2=Below Average 1=Poor

Usefulness of Program 5 4 3 2 1 N/A

Format of Program 5 4 3 2 1 N/A

Length of Program 5 4 3 2 1 N/A

Quality of Presenter(s) 5 4 3 2 1 N/A

Level of Interaction 5 4 3 2 1 N/A

Pre- and post-conference Materials 5 4 3 2 1 N/A

Were the intended outcomes achieved 5 4 3 2 1 N/A

Delivery of content 5 4 3 2 1 N/A

Standards/Curriculum addressed 5 4 3 2 1 N/A

Technical effectiveness of lesson 5 4 3 2 1 N/A

Would you recommend this program to others: Yes No

If yes, to whom would you recommend this program?

What would have improved the program?

How did the experience compare to a more typical classroom experience?

Other Comments:

Please fax completed form to: **Rose Bain, WSWHE BOCES – 581-3725**