



**Historic Places ACT
Education Program Evaluation Form**

Name of School/College/Other Institution:.....
Teacher:.....
Year Group:..... Date of visit / / Site.....

Name of Education Program:.....

Have you participated in one of our programs before? Yes/No

What unit of work did your excursion relate to?

Did the program fulfil your requirements? Yes/No

Please comment

Please rate the following aspects of the program on a scale of 1-5.

	poor				excellent
➤ Pre-visit information	1	2	3	4	5
➤ Welcome/orientation	1	2	3	4	5
➤ Program content	1	2	3	4	5
➤ Presenters' level of knowledge	1	2	3	4	5
➤ Presenters' ability to relate to students	1	2	3	4	5
➤ Educational value	1	2	3	4	5

Additional Comments?
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Please return this form to the Booking Officer
Fax: 02 6207 2177
PO Box 939, Civic Square ACT 2608