



DELAWARE RIVER STEAMBOAT FLOATING CLASSROOM
EVALUATION FORM

Thank you for spending 'a moment back in time' traveling the Delaware River on SPLASH. Please take a moment to give us your comments, as they will that would be valuable in helping us to build our program.

SCHOOL or ORGANIZATION: _____

TEACHER or LEADER: _____

TRIP DATE: _____

GRADE OR AGE LEVEL: _____

NUMBER OF STUDENTS _____ TEACHERS _____ OTHER ADULTS _____

HOW DID YOU INITIALLY HEAR ABOUT SPLASH?

NEWSPAPER _____ NEWSLETTER (WHICH ONE?) _____

WEB SITE (WHICH ONE?) _____ EMAIL (FROM?) _____

SCHOOL _____ CLASS TRIP DIRECTORY (WHICH?) _____

OTHER _____

WHAT WAS THE REASON FOR SCHEDULING A TRIP ON SPLASH?

SPECIAL OCCASION _____ FIELD TRIP _____ OTHER _____

We hope that your group went away with new knowledge of the river, environment, science and history.

Please give us your feedback about your group's experience on the trip.

PLEASE RATE THE ITEMS YOU EXPERIENCED (10 BEING HIGH AND 1 LOW) --

AND FEEL FREE TO COMMENT - SUGGESTIONS WELCOME

WATERSHED DEMONSTRATION: RATING _____ COMMENT _____

OTHER ECOLOGY ACTIVITIES: RATING _____ COMMENT _____

PHYSICS OR CHEMISTRY ACTIVITIES: RATING _____ COMMENT _____

ELECTRICITY, ENGINEERING, INVENTIONS, OR TRANSPORTATION: RATING _____ COMMENT _____

HISTORY ACTIVITIES : RATING _____ COMMENT _____

OTHER SOCIAL STUDIES OR CIVICS ACTIVITIES: RATING _____ COMMENT _____

ENGLISH OR LITERATURE ACTIVITIES: RATING ____ COMMENT _____

WATER SAFETY (LIFE JACKETS): RATING ____ COMMENT _____

HANDOUTS: COMMENT _____

THE STAFF: COMMENT _____

DID THE STUDENTS GAIN NEW KNOWLEDGE OR SKILLS FROM THE PROGRAM?

WERE YOUR STUDENTS/YOUNG PEOPLE EXCITED TO PARTICIPATE IN THIS PROGRAM? WHY?

DO YOU PLAN TO FOLLOW UP ON ASPECTS OF THE FIELD TRIP ACTIVITIES IN YOUR CLASSROOM TEACHING? _____

WHICH PORTION OF THIS PROGRAM WAS MOST EFFECTIVE? _____

WHY? _____

WHICH PORTION WAS LEAST EFFECTIVE? _____

WHY? _____

WHAT OTHER TOPICS, THEMES, OR METHODOLOGIES WOULD YOU LIKE TO SEE IN SPLASH PROGRAMS? _____

WOULD YOU RECOMMEND THIS PROGRAM TO OTHER TEACHERS/ORGANIZATIONS? _____

WOULD YOU LIKE TO COME BACK NEXT YEAR? _____

PLEASE SUGGEST ORGANIZATIONS AND INDIVIDUALS THAT MIGHT LIKE TO RECEIVE INFORMATION ABOUT THE STEAMBOAT FLOATING CLASSROOM.

NAME _____ ADDRESS: _____ PHONE _____ E-MAIL _____

1. _____
2. _____
3. _____
4. _____
5. _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

WE HOPE TO SEE YOU BACK ON BOARD AGAIN!

PLEASE SEND FORM AND/OR CALL:

DELAWARE RIVER STEAMBOAT FLOATING CLASSROOM, INC.

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609-921-6612

E-MAIL: INFO@STEAMBOATCLASSROOM.ORG