

Petersen Automotive Museum

School Tour Evaluation



Please take a few moments to fill out this evaluation of your tour experience today. Input from our tour participants helps us improve our programs and make future visits more rewarding for all visitors. Thank you for your participation.

Date of tour: _____

Name: _____ Position (teacher, parent, aid, etc.): _____

Name of School: _____

Grade(s) in your tour group: _____

Size of your tour group (adults and students): _____

Name of touring docent(s): _____

1. Did you find the Teacher's Guide helpful?
Yes No Have not read it

2. Did the tour complement your classroom curriculum?
Yes No

3. Did you request a Theme Tour? If so, which one?
Yes No
___ The Model T Ford
___ Different Engines with Many Fuels
___ The Automobile and Architectural Design

4. Did your tour meet the expectations and needs of the students?
Yes No

If no, please explain:

5. Did your students have any special needs (e.g. ESL, autism, attention disorders, etc.)?
Yes No

If so, were their needs met?

Yes No

If no, please explain:

6. Was the tour at an appropriate age level for your students?

Yes No

7. Was your docent able to keep the students' attention during the tour?

Yes No

8. Did the docent speak loudly and clearly?

Yes No

9. Did the docent face the group when speaking?

Yes No

10. Would you recommend a guided tour at the Petersen to another teacher?

Yes No

Comments:

Please return your completed form to the Admissions Desk
Or Fax/mail it to:
Attn: School & Tour Services Coordinator
6060 Wilshire Boulevard
Los Angeles, CA 90036
FAX: 323-930-6642