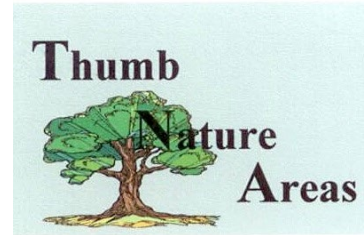


## Thumb Nature Areas

### Teacher Evaluation Form



Date \_\_\_\_\_ Time \_\_\_\_\_ Guides \_\_\_\_\_

Location \_\_\_\_\_

Group \_\_\_\_\_ Leader \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of students \_\_\_\_\_ Student age or grade level \_\_\_\_\_

Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Which activities worked well with your group? \_\_\_\_\_

\_\_\_\_\_

2. Would your group like to come again (realizing that the volunteers available to present might be different)? \_\_\_\_\_

3. Is there a way you recommend the trip be changed the next time? \_\_\_\_\_

\_\_\_\_\_

4. What activities would you like to do if you come again? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

