



TANTRAMAR WETLANDS CENTRE

TWC Administration

Student #:

Trip Length:

Program: _____ Date: day / month / year

Name: _____

School/Organization: _____

We want to meet the educational needs of teachers and students; could you take a few minutes to complete the following evaluation form? Thank you!

	Excellent	Very Good	Good	Average	Poor
1. How would you rate the overall experience that you and your students had today?	5	4	3	2	1
2. How effective was this program in teaching about wetlands?	5	4	3	2	1
3. How effective was this program in fostering critical thinking skills?	5	4	3	2	1
4. How appropriate were the program activities for the age/grade level of your students?	5	4	3	2	1
5. How would you rate the overall value of this program?	5	4	3	2	1
6. How would you rate the effectiveness of the program's instructors?	5	4	3	2	1

Are you likely to participate in this program again? Yes No

Would you recommend this program to your colleagues? Yes No

Your comments mean the (wetlands) world to us! What else would you like us to know?

Special thanks to our sponsors!

