

Court Barn, Chipping Campden

Education Evaluation Form for Teachers / Group Leaders

We should be very grateful if you would complete this short questionnaire and hand it to one of the museum staff before leaving the museum.

Name of session:

Date:

Your name:

Name of school:

Address of school:

Postcode:

Type of school: (please tick all the boxes that apply)

Nursery	<input type="checkbox"/>	Secondary	<input type="checkbox"/>
Infant	<input type="checkbox"/>	College	<input type="checkbox"/>
Junior	<input type="checkbox"/>	Special	<input type="checkbox"/>
Middle	<input type="checkbox"/>	Private	<input type="checkbox"/>
Primary	<input type="checkbox"/>	Non - UK	<input type="checkbox"/>

Number of students in your group:

Number of adults in your group:

Year group (s):

Early years <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 5 <input type="checkbox"/>	Year 8 <input type="checkbox"/>	Year 11 <input type="checkbox"/>
Reception <input type="checkbox"/>	Year 3 <input type="checkbox"/>	Year 6 <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 12 <input type="checkbox"/>
Year 1 <input type="checkbox"/>	Year 4 <input type="checkbox"/>	Year 7 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 13 <input type="checkbox"/>

Is this the **first time** you have brought a group to this museum?

Yes No

Was the visit planned to support an area of the **curriculum**?

Yes No

If so, what area?

What sort of **facts and information** do you think your pupils have acquired from the visit?

Subject-specific facts	
Inter-disciplinary or thematic facts	
Information about museums or galleries	
Facts about themselves, their families or the wider world	
Other kinds of facts	

What **skills** do you think your students have gained or improved during their visit?

Numeracy skills		Thinking skills	
Literacy skills		Social skills	
Communication skills		Practical skills	
Spatial skills		Creative skills	

Do you think the museum visit will enable your students to feel more **positive** about any of the following?

Themselves and their abilities	
Other people/ communities	
Learning	
Museums/galleries	
Anything else	

Do you feel that your experience of the museum will result in you working in a **different** way with your students?

Using their new skills	
Enabling them to work with their peers in new ways	
Undertaking new activities	
Other new ways of working in the classroom	

Do you feel the visit to the museum will support **student development** in the following?

Subject-related understanding	
Learning across the curriculum	
Cultural understanding	
Increased motivation to learn	
Increased confidence	
In assessed work	

Please rate the following **outcomes** in order of importance (1 being the highest):

	Knowledge and understanding
	Skills
	Attitudes and values
	Enjoyment, inspiration, creativity
	Activity, behaviour, progression

How important are **museums** to your teaching?

Very important	Important	Neither	Not very important	Not important at all

How satisfied are you with the **museum's provision**?

Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied

Did the session match your **expectations**?

Very much so	Yes	Neither	No	Not at all

Do you feel your visit will enhance your **students learning** of the subject?

Yes No

How did you find out about our education sessions?

Web site		Telephone	
Information leaflet		LEA	
Recommendation		Other	

Please feel free to add any extra comments about your experience in the box below

Thank you for completing this form