Finding Our Families, Finding Ourselves
Comment Card

Museum Facilitator___________________________________________

It has been our pleasure to share the Museum of Tolerance experience with your group. Your candid comments and suggestions are valuable in helping us assess the quality of our program.

1. What were your objectives in bringing your students to the Museum? ______________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

2. Do you feel that your objectives were met? Please explain. ____________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

Please rate the following:

3. The content was appropriate for my class. STRONGLY DISAGREE — STRONGLY AGREE

4. Student participation was encouraged. 1 2 3 4 5

5. The tour urged my students to respect the cultural diversity of American society. 1 2 3 4 5

6. The tour inspired my students to learn about their own families and cultural heritage. 1 2 3 4 5

7. The tour increased my students’ knowledge about immigration and migration. 1 2 3 4 5

8. The tour guide facilitated an effective learning experience. 1 2 3 4 5

Comments _____________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

9. What immediate impact do you think the tour had on the students? __________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

10. How would you rate your museum experience overall? POOR — EXCELLENT

Please explain. ________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

11. Do you have any suggestions for improving the experience at the Museum for you and your students? ____________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

12. We welcome any additional comments, ideas, and suggestions. ____________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

Date of Visit__________________________ Time________________________
Name of School/ Group____________________________________________
Grade Level________________________ Zip code________________________
School District____________________________________________________
Title I School ______ yes ______ no / Free Lunch ______ %
Your Name________________________________________________________
Your Relationship to Group_________________________________________
Telephone________________________________________________________
e-mail____________________________________________________________
Number of times you have visited the Museum of Tolerance__________
We are eager to hear from you.

May we contact you regarding the effects of the Museum experience on your students? Yes _____ No _____

Do you want to be added to our MOT Education mailing list? Yes____   No____