Comment Card

Please return by mail. Thank you.

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____

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. Student participation was encouraged.
   STRONGLY DISAGREE — STRONGLY AGREE
   1  2  3  4  5

4. The tour gave students a greater understanding of prejudice and discrimination in the United States of America.
   1  2  3  4  5

5. The tour increased students' knowledge about the Holocaust.
   1  2  3  4  5

6. The tour challenged students to examine their own assumptions and biases.
   1  2  3  4  5

7. The tour inspired students to make a positive difference in their community.
   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
    1  2  3  4  5

    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.
    ______________________________________________________________________________________________________________________________________
    ______________________________________________________________________________________________________________________________________
    ______________________________________________________________________________________________________________________________________

Museum Facilitator___________________________________________
Museum of Tolerance
Youth Education
9786 West Pico Boulevard
Los Angeles, Ca 90035

We are eager to hear from you.

Do you want to be added to our MOT Education mailing list? Yes No

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