



THE MUSEUM OF TOLERANCE

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 \_\_\_\_\_

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.
4. Student participation was encouraged.
5. The tour urged my students to respect the cultural diversity of American society.
6. The tour inspired my students to learn about their own families and cultural heritage.
7. The tour increased my students' knowledge about immigration and migration.
8. The tour guide facilitated an effective learning experience.

Comments \_\_\_\_\_
\_\_\_\_\_

9. What immediate impact do you think the tour had on the students? \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

10. How would you rate your museum experience overall? \_\_\_\_\_

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 OF TOLERANCE

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PLACE  
STAMP  
HERE

MUSEUM OF TOLERANCE  
YOUTH EDUCATION  
9786 WEST PICO BOULEVARD  
LOS ANGELES, CA 90035

MUSEUM OF TOLERANCE  
*Finding Our Families, Finding Ourselves*  
*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 \_\_\_\_\_