



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 _____

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:

	STRONGLY DISAGREE — STRONGLY AGREE				
	1	2	3	4	5
3. Student participation was encouraged.					
4. The tour gave students a greater understanding of prejudice and discrimination in the United States of America.					
5. The tour increased students' knowledge about the Holocaust.					
6. The tour challenged students to examine their own assumptions and biases.					
7. The tour inspired students to make a positive difference in their community.					
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



PLACE
STAMP
HERE

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

We are eager to hear from you.

MUSEUM OF TOLERANCE

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 _____