

Please return by mail to:
Youth Education
9786 W. Pico Blvd.
Los Angeles, CA 90035
Thank you.

Date of Visit _____ Time _____
Name of School/Group _____
Grade Level _____ Zip code _____
School District _____
Title 1 School ____ yes ____ no / Free Lunch _____ %
Your Name _____
Your Relationship to Group _____
Telephone _____
E-mail _____
Number of visits to 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? Why or why not? _____

Please rate the following:

	Strongly Disagree -- Strongly Agree				
3. The tour content was appropriate for my class.	1	2	3	4	5
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 was an effective museum educator.	1	2	3	4	5

Please explain. _____

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

10. What were your students' reactions following the tour? _____

11. How could we have improved your and your students' experiences at the museum? _____

12. We welcome any additional comments, ideas, and suggestions. _____

Museum of Tolerance

We are eager to hear from you.

May we e-mail you a short follow-up survey to assess the effects of the tour on your students? Yes____ No ____

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