

Please return by mail. Thank you.

Museum of Tolerance

STEPS TO TOLERANCE PROGRAM

Date of Visit _____ Time _____

Name of School/Group _____

Grade Level _____ Zip code _____

School District _____

Project Lead _____ Yes _____ No _____

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? Please explain. _____

Please rate the following:

	Strongly Disagree				Strongly Agree
3. Student participation was encouraged.	1	2	3	4	5
4. The program increased students knowledge about the Holocaust.	1	2	3	4	5
5. The program inspired students to make a positive difference in their community.	1	2	3	4	5

	Very Ineffective					Very Effective	
6. Film on the Holocaust and the Sudan	1	2	3	4	5	5	5
7. Hands on Activities	1	2	3	4	5	5	5
8. Bullying –Film and discussion	1	2	3	4	5	5	5
9. Survivor Testimony	1	2	3	4	5	5	5

Comments. _____

10. Would you be interested in returning to the museum with your class next year? Why or why not? _____

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. _____

13. Would you like to be added to the MOT Education mailing list? Y N