Teacher Tour Evaluation

Thank you for your active participation in today's career-based tour. Please provide feedback to better the experience for all students.

School Name______________________________________________
Your Name ___________________________________________________

What was the name of the worksite? ___________________________________

Was this career-related experience worth the time away from class?

  o Yes
  o No
  o Comments _________________________________________________________

Did the tour meet your curriculum goals for the students?

  o Yes
  o No
  o Comments _________________________________________________________

Did the tour guide keep the students' interest and involve the students in the presentation?

  o Yes
  o No
  o Comments _________________________________________________________

Was the tour age-appropriate to your group?

  o Yes
  o No
  o Comments _________________________________________________________

Please let us know what you like and what you would like to see changed.

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Return to: Workplace Learning Connection ■ 1030 5th Ave SE ■ Suite 2700 ■ Cedar Rapids, Iowa 52403