



HILLER AVIATION MUSEUM

Field Trip Survey: 2007-2008

School/Group Name: _____

Group Leader Name: _____

Date of Visit: _____

Please evaluate your group's experience at the Hiller Aviation Museum in each of the following areas using a scale of 1 to 5, with 5 = "very satisfied" and 1 = "very dissatisfied". Use the reverse side of this form for additional comments.

	Satisfied			Dissatisfied			
1. Reservation Procedure	5	4	3	2	1	(n/a)	
2. Pre-Visit Information	5	4	3	2	1	(n/a)	
3. Quality of service on the day of your visit	5	4	3	2	1	(n/a)	
4. Docent-Lead Tour	5	4	3	2	1	(n/a)	
5. Docent-Lead Activity	5	4	3	2	1	(n/a)	
6. Post-Visit Information	5	4	3	2	1	(n/a)	

7. What did your group most like about its visit?

8. What did your group least like about its visit?

9. What aspects of your museum visit were most relevant to the coursework undertaken by the children this year (cite standards if applicable)?

10. What improvements would you suggest to the Hiller Aviation Museum's Field Trip program?

11. Will you bring your group to Hiller again in the future? _____

Additional Comments: _____

Please Return to:

Hiller Aviation Museum
Attn: Education Department
601 Skyway Road
San Carlos, CA 94070

Thank you!