



**ONTARIO  
SCIENCE  
CENTRE**

# SCHOOL PROGRAMS EVALUATION

## 2008 - 2009

**Please take a moment to fill out this form for us.**

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Program Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_  
mm/dd/yy

Reference #: \_\_\_\_\_ (number at the bottom left corner of your School ID Badge)

1 Was this your first visit to the Ontario Science Centre (OSC) for a School Program? ( ) Yes ( ) No

2 How did you hear about School Programs at the OSC? *(check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> School Program brochure         | <input type="checkbox"/> Conference e.g. STAO, ECOO                       |
| <input type="checkbox"/> Ontario Science Centre Web Site | <input type="checkbox"/> Teacher and Family Days or IMAX® Film Screenings |
| <input type="checkbox"/> Contacted OSC directly          | <input type="checkbox"/> Colleague  |
| <input type="checkbox"/> Parents                         | <input type="checkbox"/> Other _____                                      |

3 Please rate the following about the School Program:

	Excellent	Good	Fair	Poor	Unsatisfactory
Student involvement	( )	( )	( )	( )	( )
Props/demos/activities	( )	( )	( )	( )	( )
Overall rating	( )	( )	( )	( )	( )

4 Was the School Program information appropriate for your class?

\_\_\_\_\_

\_\_\_\_\_

5 What aspects of the School Program were of greatest interest to your class?

\_\_\_\_\_

\_\_\_\_\_

6 What aspects of the School Program were of least interest to your class?

\_\_\_\_\_

\_\_\_\_\_

7 Would you recommend this program to other teachers? ( ) Yes ( ) No

8 If applicable, please comment on the Exhibit Inquiry downloaded from our website.

Which Exhibit Inquiry was downloaded: \_\_\_\_\_

How did you plan to use it? \_\_\_\_\_

If you used it, how was it effective? \_\_\_\_\_

\_\_\_\_\_

9 Please suggest School Program topics or Imax films that you would like to see offered in the future:

\_\_\_\_\_

\_\_\_\_\_

10 Please rate the following:

	Excellent	Good	Fair	Poor	Unsatisfactory
School Booking Services	( )	( )	( )	( )	( )
School Confirmation Package	( )	( )	( )	( )	( )
School Check-in Services	( )	( )	( )	( )	( )

Comments and suggested improvements: \_\_\_\_\_

\_\_\_\_\_

11 Please indicate what type of transportation your group used to come to the OSC.

( ) School Bus      ( ) TTC (Public Transit)      ( ) Car (Private Vehicle)

12 Please indicate if the following factors will limit a repeat visit to the OSC.

Bus availability	( ) Yes	( ) No	( ) N/A
Cost of transportation	( ) Yes	( ) No	( ) N/A
Number of yearly field trips allowed	( ) Yes	( ) No	( ) N/A
Price of OSC school admission	( ) Yes	( ) No	( ) N/A
Securing substitute teachers	( ) Yes	( ) No	( ) N/A
Securing supervisors	( ) Yes	( ) No	( ) N/A

**Thank you for taking the time to fill in this form. School programs are revised regularly to better meet your needs. Your input is a valuable part of this process.**

Please return your completed evaluation form: to your Science Educator, mail at the address below or fax it to (416) 696-3226.

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An agency of the Government of Ontario

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