

## Planetarium Evaluation

Name \_\_\_\_\_ (optional)

Grade \_\_\_\_\_

School \_\_\_\_\_

In an effort to make the Planetarium best fit your classroom earth/space needs, please complete this evaluation. If there was a problem or your needs were not met, please elaborate. You can return by campus mail or email to Patsy Magee or me. [pmagee@bmtisd.com](mailto:pmagee@bmtisd.com) or [srigsby@bmtisd.com](mailto:srigsby@bmtisd.com)

1. Did the presentation cover your TEKS?	Yes	No
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2. Were the children actively participating and questioning?	Yes	No
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3. Did the presenter address the student's questions?	Yes	No
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4. Did you receive an appropriate pre-visit packet?	Yes	No
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5. Did you receive an appropriate post-visit packet?	Yes	No
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6. Was the timing of your visit in line with your curriculum?	Yes	No
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7. How was the amount of time spent at the planetarium?

Too long

Too Short

Just Right

8. What changes would you recommend for next year?

Comments: \_\_\_\_\_

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