

# Dunedin Botanic Garden

## Education outside the Classroom



### Self-Guided Programme Evaluation Form

*Please take the time to fill in this form honestly. Your opinions and advice are valuable in helping us to improve the quality of our services.*

**Date of Visit:**

**School :**

**Teacher :**

**Class levels:**

**Kit Used:**

**How did you find out about this service?**

What was the purpose of your visit?

Complement a unit of study

please specify \_\_\_\_\_

Recreation

Other

please specify \_\_\_\_\_

Did this service match up to your expectations/requirements?

Were the resources provided:

Very useful

Useful

Not useful

What worked well?

Did the students enjoy and learn from this visit?

What could be improved?

What other Education Services would you like to see provided at the Botanic Garden?

Have you experienced an LEOTC programme at the Gardens before? **Y / N**

If so, how did this visit compare with your previous experience?

Any other comments :

*Thank you for your help.*