Facilitated Docent Tours

Tour attended: Time: ______________ Date: ____________

Tour Guides Name: ________________________________

Your Name: ___________________________ # of adults: ___

Email: _______________________________________

If a School group, please complete:

School: ________________________________________

District: ________________________________________

Zip code: _________________________

# of students: _________________ Grade level: _____

Your frank appraisal of today’s tour is very important in planning and improving our tours in the future. Please take time to answer the following questions, fold and return to the Museum Front Desk before departing.

1. Please rate the quality of today’s tour. (Consider tour guide’s knowledge, creativity, communication skills, and unique educational experience.)
   - very poor 1 2 3 4 5 excellent

2. What did you like best about the tour? (use back if more space needed)

3. How well did we offer opportunities for your participation and interaction?
   - not well at all 1 2 3 4 5 extremely well

4. How appropriate was the tour for your group?
   - Not very appropriate 1 2 3 4 5 extremely appropriate

5. How well did this tour fit into your expectations?
   - Not at all 1 2 3 4 5 extremely well

6. How well did the Tour Guide Communicate the information?
   - Not at all 1 2 3 4 5 extremely well

7. Did the Tour Guide determine how long your group had for the tour and what your interests were?
   - _____YES _____NO

8. Approximately how long was your tour? _____ Hours _____ Minutes

9. How would you rate the length of your tour?
   - _____Too Short _____Just Right _____Too Long

10. If you were the tour leader how would you shape this tour to better meet your needs?

11. Please add any additional comments you feel would help us improve our service to you. (Use back if more space needed.)

The National Museum of the Marine Corps has my permission to use my comments in its publications and promotional materials.

Signature: ________________________________ Date: ____________