



Montclair State University

New Jersey School of Conservation
1 Wapalanne Road
Branchville, NJ 07826
Phone (973) 948-4646 ext. 21
Fax (973) 948-5131

PROGRAM EVALUATION

Name of School: _____ Grade Level of Students: _____

Name of Coordinator(s) _____

of: Students: _____ Faculty: _____ Parents: _____ Chaperones: _____ Total: _____

Number of years your school has participated in this program: _____

Is the NJSOC Program part of a broader EE program at your school? Yes: _____ No: _____

If so, do you have a pre-trip program? Yes: _____ No: _____ Post-trip Program? Yes: _____ No: _____

Scheduling: Did you use the schedule created by the NJSOC Coordinator of School Programs? Yes: ___ No: ___

Did you use our website for information and to download forms? Yes: _____ No: _____

Did teachers from your school receive adequate preparation to teach NJSOC programs? Yes: ___ No: ___

Was the program equipment adequate? Yes: ___ No: ___ Was it in good condition? Yes: ___ No: ___

Of all the sessions that your students experienced, what sessions(s) did they enjoy the most and why? _____

How is your trip funded? _____

Please evaluate your experience at the NJ SOC using the following key:

EX (excellent) G (good) F (fair) P (poor) VP (very poor) NA (Not Applicable)

Orientation: EX G F P VP NA

Summation: EX G F P VP NA

Faculty/ Environmental Educators: EX G F P VP NA

Accommodations: EX G F P VP NA

Quality of Food: EX G F P VP NA

Nursing Services: EX G F P VP NA

Office Staff: EX G F P VP NA

Suggestions and/or Comments: _____

Thank you for taking the time to complete this evaluation and your comments are always welcome and appreciated.

Please use back of page for any additional comments.