

Tour Evaluation Form

Name _____

Group Name _____

Date of visit _____

- ◆ Is this a first time or return visit?

- ◆ Was the length and content of your tour age appropriate?

- ◆ Did the material suit your curriculum needs? How/How not?

- ◆ What was the best part of your tour/visit?

- ◆ What was the least successful part of your visit?

- ◆ Is there anything you wanted to see that was not exhibited?

- ◆ What do you feel should be added to the tour to improve it?

- ◆ What was your overall impression and evaluation of the Ziibiwing Center?



ZIIBIWING CENTER
of Anishinabe Culture & Lifeways

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