

THE TEACHING GARDEN Program Evaluation Form

School: _____
Date: _____ AM or PM ?
Grade & Program: _____

Please complete evaluation and return at end of program

- How did you hear about the Teaching Garden at the Toronto Botanical Garden?
 Previous trip Brochure Website Friend/colleague
 TBG visit TBG event Email Banner
- Was the system for booking and confirmation of your program convenient and appropriate?
 Yes No
Comments:

- Did the program meet your expectations? Yes No
Comments:

- Do you have any suggestions for changes to the program?

- Did you find the teaching team (staff and volunteers) to be enthusiastic and effective in delivering the program? Yes No
Comments:

- Do you feel the length of the program was suitable? Yes No
- Did you enjoy the Teacher Self-Guided Tour? Yes No
Suggestions for improvement?

- Any other comments, suggestions?

