

Gateway to Science
Early Childhood Traveling Science Trunks
Evaluation

Trunk Used _____ Dates Used _____

Renter _____ Organization _____

Number of Students _____

Please rate the traveling trunk in the following areas:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Ease of Use	4	3	2	1
Hands-on Activities	4	3	2	1
Demonstration Activities	4	3	2	1
Students Reaction	4	3	2	1
Age Appropriateness	4	3	2	1

Please indicate how you used the traveling science trunk:

Were there any parts of the trunk that you did not use? _____

If so, which parts and why? _____

Have you used other traveling science trunks from Gateway to Science? _____

If so, which ones?

Additional Comments:

Return this form with traveling trunk or mail within one week of use to:

Gateway to Science
1810 Schafer St., Suite 1, Bismarck, ND 58501-1218