



Alaska Native Heritage Center  
School Visit Evaluation

**A. Evaluation Data**

---

Date of your visit: \_\_\_\_\_ School \_\_\_\_\_

Student grade level:    Elem. \_\_\_\_\_    Middle \_\_\_\_\_    Other group (type): \_\_\_\_\_  
   High \_\_\_\_\_

Age range: \_\_\_\_\_

Name(s) of ANHC staff that you worked with: \_\_\_\_\_

---

Please check the experiences you had while at the Center:

- |  |  |
|--|--|
| <input type="checkbox"/> Film _____              | <input type="checkbox"/> Hall of Cultures Tour             |
| <input type="checkbox"/> Art Project             | <input type="checkbox"/> Native Dance and Drumming         |
| <input type="checkbox"/> Village Sites Tour      | <input type="checkbox"/> Native Stories and String Stories |
| <input type="checkbox"/> Native Games and Yo-yos | <input type="checkbox"/> Other _____                       |

**B. Your Evaluation**

---

Rating Scale: With 7 being excellent and 1 being poor, please check one:

- |  |                            |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Overall Visit                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 2. Educational experience                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 3. How well subjects were taught                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 4. How well the visit met your needs               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 5. Pre-visit experience (reservations, info, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 6. Cleanliness of facility                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 7. Likelihood of recommending ANHC to others       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 8. Level of impact of the content from your visit  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

What was the best *event* during your visit?

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Film               | <input type="checkbox"/> Oral History Interviews | <input type="checkbox"/> Inside Tour |
| <input type="checkbox"/> Art Project        | <input type="checkbox"/> Dance                   |                                      |
| <input type="checkbox"/> Village Sites Tour | <input type="checkbox"/> Storytelling            |                                      |
| <input type="checkbox"/> Native Games       | <input type="checkbox"/> Other: _____            |                                      |

Please let us know *why*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What suggestions do you have to make your visit even better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How useful or relevant do you believe your visit was to your students' studies? (Circle one.)

1 = Not at all	2 = Very little	3 = Moderately	4 = A great deal
----------------	-----------------	----------------	------------------

How would you rate the overall quality of your visit? (Circle one.)

1 = Poor	2 = Moderate	3 = Above-average	4 = Exceptional
----------	--------------	-------------------	-----------------

Would you consider exposing another group of students to this program? (Circle one.)

1 = No	2 = Maybe	3 = Probably	4 = Definitely
--------	-----------	--------------	----------------

Is this your first school visit?     Yes     No

Would you consider a second visit?     Yes     No

*Thank you for visiting the Alaska Native Heritage Center! We hope to see you again.*