School-Related Student Trip Evaluation Form

Submit this form to the Principal within two weeks after the trip.

Faculty Member(s) sponsoring trip ________________________________

Type of Trip (check one):

☐ Classroom Field Trip    ☐ Class (i.e., junior, senior) Trip, specify ___________________________
☐ Organization/Club Trip, specify ___________________________    ☐ Other (athletic, band, if applicable) ___________________________

Destination ___________________________ Date(s) of Trip ___________________________

Number of students ____ Faculty sponsors ____ and other chaperones ____ Total ____

Purpose/Educational Value ________________________________

How did this destination meet the educational objectives? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What follow-up activities did you direct in the classroom to reinforce the students’ field trip experience? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Was pupil behavior or safety a problem on the trip? ________________________________

____________________________________________________________________________________

Would you recommend this destination to a colleague or repeat the experience yourself? ________________________________

____________________________________________________________________________________

If district-provided transportation was used,    ☐ Yes   ☐ No

Did the driver arrive at the designated time? ________________________________

Was the driver courteous and polite? ________________________________

Did the driver operate the vehicle in a safe and professional manner? ________________________________

Was the bus clean at the onset of the trip? ________________________________

On a scale of 1 - 10, with 10 being the highest, how would you rate this educational experience?

1 2 3 4 5 6 7 8 9 10 ________________________________

Sponsor’s Signature ________________________________ Date ________________________________

Review/Revised: 2/18/10