



# Children's Safety Village Of Central Florida, Inc.

## EVALUATION FORM

In order to provide your students with the best possible field trip experience at the Children's Safety Village, we would appreciate teachers providing us with feedback regarding our program and presenters.

School/Group Name: \_\_\_\_\_ Presentation Date: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

**Safety Topic:**

The presentation had an appropriate balance between classroom education and practical hands-on learning. Yes      No

The interactive activities and techniques used in the presentations were age appropriate for students. Yes      No

Were the length of the presentations appropriate for the grade level? Yes      No

Did the presentations provide essential safety skills which students can use today and in the future? Yes      No

Do your students have a better understanding of safety behaviors after visiting the Children's Safety Village? Yes      No

**About the Presenter:**

The Presenter spoke at an age-appropriate level. *Needs Improvement*      *Fair*      *Excellent*  
1      2      3      4      5

The Presenter encouraged student participation. 1      2      3      4      5

The Presenter moved at an appropriate pace for the students. 1      2      3      4      5

The Presenter held the audience's attention. 1      2      3      4      5

The Presenter demonstrated a good understanding of the subject matter. 1      2      3      4      5

**Overall:**

Would you recommend these programs to other educators? Yes      No

Are there any areas of improvement you would suggest?

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Thank you for taking time to complete this questionnaire. Please return by email or print and fax to number below

Children's Safety Village of Central Florida, Inc.

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www.childrenssafetyvillagefl.org