

TRAVERSE CITY AREA PUBLIC SCHOOLS

FIELD TRIP EVALUATION

School _____ Teacher _____ Class _____

Trip Date/Time: Departure _____ Return _____ Today's Date _____

Type of Trip: Social Studies Science Math Language Arts Arts Other _____

A. What was the purpose of this trip?

B. What was the learning behavior expected of students as a result of the field trip?

C. What will you do differently to improve the trip next time? _____

D. What follow-up classroom activities/instruction are planned with students? _____

Please Return to Principal