



Survive Alive

Fire Education Center

survivealivemilwaukee.com

Date of Visit: _____
Grade Level: _____
School: _____
Teacher Name: _____

Dear Educator,

Please complete both sides of this survey. Feel free to write down comments in the spaces provided. You may return this document to the SAH through museum mail. The Milwaukee Fire Education Center strives to make this experience valuable to your students. We listen to your advice!

Did the program seem age appropriate? Yes / No

Did the fire fighters relate well to the students? Yes/ No

Was the SAH staff professional and cordial? Yes / No

Did the presentation appear organized? Yes / No

Did the program contain enough information? Yes / No

If you are a returning teacher: Did the program appear to be different from previous visits? Yes / No

Did you receive the permission slips and preparation handouts in a timely manner? Yes / No

SURVIVE ALIVE FIRE EDUCATION CENTER TEACHER EVALUATION

Did you find these materials beneficial? Yes/ No

Was the bus on time for pick up and drop off? Yes/ No

Do you feel the bus drove safely? Yes/ No

Do you have any suggestions for improving the classroom or demonstration segments of our program? Yes / No

Please feel free to include additional comments.