

**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?

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

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

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

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Please Return to Principal