Field Trip Grant Reporting Survey

Your name: __________________ School: ____________________________________________________________

Number of students who participated in the field trip: ____________________________________________

How did you learn about this grant opportunity? ________________________________________________

What did you and your students enjoy most about visiting Inside the Grin, sponsored by Delta Dental?
________________________________________________________________________________________
________________________________________________________________________________________

What did you and your students enjoy the most while visiting Cincinnati Museum Center?
________________________________________________________________________________________
________________________________________________________________________________________

Do you have any suggestions for how to improve the grant or field trip experience?
________________________________________________________________________________________
________________________________________________________________________________________

Did you have any challenges with the grant application or reservation process?
________________________________________________________________________________________
________________________________________________________________________________________

If offered would you apply for another field trip grant to Cincinnati Museum Center? ________________

Additional Comments: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

* Please return the surveys to the kiosk or manager of school and teacher partnerships - handrews@cincymuseum.org.