

# Whooping Crane Trunk Evaluation Form



Name of School/Organization: \_\_\_\_\_

City, State, County: \_\_\_\_\_

Age/grade of audience: \_\_\_\_\_

Size of audience: \_\_\_\_\_

Do you have whooping cranes in your county? \_\_\_\_\_

Did you request the crane trunk to accompany a certain unit in your classroom? If so, which one? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the crane trunk? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you read the Crane Trunk Manual before teaching the activities? If so, was it helpful? How could it be improved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much knowledge did your students have of whooping cranes before using the trunk?

\_\_\_\_\_  
\_\_\_\_\_

Which activities did you use? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which activities worked well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which activities did not work well? How could they be improved?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the information presented in a clear and applicable format? \_\_\_\_\_  
\_\_\_\_\_

Would you recommend the crane trunk to other teachers/educators? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments and suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send completed evaluation forms to:  
Whooping Crane Education – ER/6  
Wisconsin Dept. of Natural Resources PO Box 7921 Madison WI 53707-7921  
608-267-9351

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