



MINNESOTA ZOO™
Changing how you see the world

Preschool Evaluation

Camp Class Title: _____

Date(s) of Camp: _____

Please take a few moments with your Zoo Camper to evaluate Zoo Camp at the Minnesota Zoo. Your comments are used to improve our program. Thank You!

Child's Evaluation

Please help your student circle the face that best describes how they feel about the following:

Zoo Camp



Their teacher



Animals



Parent/Guardian's Evaluation

1. Have you registered for Zoo Camp before? Yes No
2. What were the most significant things your child gained/learned from Zoo camp?
3. What did your child like most about Zoo Camp?
4. What did your child **not** like about Zoo Camp?
5. How does Zoo Camp rate for you? (circle one) Excellent Good OK Poor

Please use the back of this page for any additional comments/suggestions or email us at educate@mnzoo.org. Thanks for being a part of Zoo Camp and for taking the time to complete this evaluation. Please send this with your child to Zoo camp or mail to : Zoo Camp Evaluation, Minnesota Zoo, 13000 Zoo Blvd., Apple Valley, MN 55124.