

Field Trip Student Feedback Form

Student Name

Grade/Class

Field Trip Destination

Date of Trip

Rate the following:

Transportation

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Activities

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Learning Experience

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Your Feedback

What was your favorite part of the trip?

What could be improved?

Any other comments?