



Clearwater's Sailing Classroom Program Evaluation

Please take a few minutes to give us your impressions about the quality of our programs. Feel free to use this form or you may phone or email me your feedback directly. Thanks!

**Dave Conover, Education Director
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1. Please circle the ship you sailed on: **CLEARWATER** **MYSTIC WHALER**

2. Name of your school/group: 3. Age or grade ranges of participants:

4. Date of sail: 5. Dock from which you sailed:

6. Weather on the day of your sail:

7. How did you hear about Clearwater's programs?

- | | |
|--|--|
| <input type="checkbox"/> We've been coming for years | <input type="checkbox"/> Internet based search |
| <input type="checkbox"/> Referred by other educators | <input type="checkbox"/> field trip publications |
| <input type="checkbox"/> Personal word of mouth | <input type="checkbox"/> other _____ |

8. How did you raise funds for this sail?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> School/organization budget | <input type="checkbox"/> individual fees | |
| <input type="checkbox"/> Grant | <input type="checkbox"/> PTA | <input type="checkbox"/> other _____ |

Pre-sail Information and Scheduling

1. What type of class are you teaching? (Public, private, charter, inclusion, honors, special needs, after-school, church group, camp, etc.)
2. Did you make use of *Clearwater's* on-line pre-program educational materials or class visits?
3. Did you find the information in *Clearwater's* classroom newsletter, *The Topsail Times*, useful? If not, what improvements could be made?
4. Was the process of scheduling the sail with our office satisfactory?
5. Were you able to connect with the onboard educator beforehand to discuss the day's activities?



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The Sail Program Experience

1. Did you choose a theme for your sail? (Check one)
 Classic Clearwater Program Sailing through Time Watershed
 Hudson River Sloops Challenges for the Future Inspirational River
2. Did you participate in a Streams program? If so, please include some feedback on your experience.
3. Please rate the learning activities provided on your sail experience on a scale of **1 to 5 (5 being the BEST)** (*note that some of these may not have been offered on your sail*):

___Sail Raising	___Trawling for fish	___Music/Sea Chantey
___Hudson River Life Station	___Environmental Station	___History/Below Decks
___Navigation Station	___Water Chem Station	___Sailing Physics Station
___Knot Tying Station	___Arts Station	___Other
4. How would you describe the overall experience on the boat for your students?
5. How would you assess the effectiveness of the onboard educator who led your sail?
6. How would you assess the effectiveness of the captain and crew on the boat?
7. What was your favorite part of the program?
8. Would you recommend this program to others?
9. As an educator, do you have any suggestions that might help us improve the program?
10. Please leave a quote about your experience with Clearwater that we can use for promotional materials:



Clearwater™

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