

Clearwater Teacher Feedback

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!

Basic Details

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 (Circle all that apply): Sunny Cloudy Rainy Warm Cold
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 group did you bring (circle all that apply):
School (Public private charter) honors special needs after-school church group camp
scouts home school Other: _____
2. Did you make use of *Clearwater's* on-line pre-program educational materials or pre-sail programs?
If so, which materials/programs?
3. Did you make use of *Clearwater's* classroom newsletter, *The Topsail Times*? Yes No
If not, what improvements could be made?
4. Was the process of scheduling the sail with our office satisfactory? Yes No
5. Did the onboard educator connect with you before the program? Yes No

The Sail Program Experience

6. Did you choose a theme for your sail? Yes No (If so, please check one)
- | | | |
|---|--|--|
| <input type="checkbox"/> Classic Clearwater Program | <input type="checkbox"/> Sailing through Time | <input type="checkbox"/> Watershed |
| <input type="checkbox"/> Hudson River Sloops | <input type="checkbox"/> Challenges for the Future | <input type="checkbox"/> Inspirational River |
- Comments/Suggestions:

-
7. Did you participate in a "Streams" classroom program? Yes No
(If so, please include some feedback)
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8. Please rate the following Clearwater learning activities on a scale of 1 to 5 (5 being the BEST)
(note: 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: _____

Please rate the following aspects of the program on a scale of 1-5 (1 = ineffective, 5 = very effective)

9. The overall experience on the boat for your students? **1 2 3 4 5**

Comments:

10. The effectiveness of the onboard educator who led your sail? **1 2 3 4 5**

Comments:

11. The effectiveness of the captain and crew on the boat? **1 2 3 4 5**

Comments:

12. What was your favorite part of the program?

After the Program

13. Did you hear the students speak about the trip after it was over? **Yes No**

If so, what were some of the comments?

14. Would you recommend this program to others? **Yes No**

Please explain why:

15. As an educator, do you have any suggestions that might help us improve the program?

16. Please share a statement about your experience with Clearwater that we can use for outreach:

Thank you for your feedback!

Please return to:

Education Director, Hudson River Sloop Clearwater
724 Wolcott Ave. Beacon, NY 12508