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?
   □ We've been coming for years
   □ Internet-based search
   □ Referred by other educators
   □ Field trip publications
   □ Personal word of mouth
   □ other ____________________________
8. How did you raise funds for this sail?
   □ School/organization budget
   □ individual fees
   □ Grant
   □ PTA
   □ 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? Yes No
   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)
   □ Classic Clearwater Program
   □ Sailing through Time
   □ Hudson River Sloops
   □ Challenges for the Future
   □ Watershed
   □ Inspirational River
   Comments/Suggestions:
7. Did you participate in a "Streams" classroom program? Yes No
   (If so, please include some feedback)
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