

FIELD TRIP EVALUATION

(To be filled out by the teacher)

Field Trip: _____

School: _____

Date of Trip: _____

Total cost of trip to student and/or district: _____

Number in Group: _____

Evaluation: Excellent _____ Good _____ Fair _____ Poor _____

Would you take this trip again? Yes _____ No _____

Comments: _____

Signed by: _____