







### **TEACHER FEEDBACK - POST-VISIT SURVEY**

### **Your Consent to Take Part [Page 1]**

(The GDPR Consent Module would appear here. The rest of the survey is only available after respondents provide consent)

### Your Recent Visit [Page 2]

- 2.1. Date of visit [Date question]
- 2.2. What is the title of the session you attended? [Dropdown]
  - [Name of Session 1]
  - [Name of Session 2]
  - ..
  - [Name of Session n]
  - Other (please specify)

#### 2.3. Approximate Group Size [Number question]

(Please enter as a whole number; e.g., 39)

2.4. School Name [Text-line]

#### **Teacher details**

2.5. First name [Name]

Last name [Name]

2.6. Which key stage do you teach? [Check-box]

Early Years

Key Stage 1

Key Stage 2

Key Stage 3

Key Stage 4

Key Stage 5

Not applicable

Other (please specify)









## **About Your Visit [Page 3]**

### **3.1.** Please specify your level of agreement with the following statements:

[Random order]

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree	Not applicable / No Opinion
'The delivery of the session I attended was appropriate for my pupils' learning needs.'								
'The content of the session I attended sufficiently addressed the objectives for the visit.'								
'The delivery of the session allowed time for my pupils to share their ideas.'								
'The educator encouraged pupils to look closely at [Organisation Type] objects and/or paintings.'								
'The educator encouraged pupils to form their own interpretations during the session.'								
'The content of the session I attended sufficiently addressed my pupils' curriculum needs.'								

3.2. Other comments [Text-area]









## **Visit Practicalities [Page 4]**

**4.1.** Please think of your session overall and indicate your level of satisfaction with the following aspects of your experience.

[Random order]

	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Very Satisfied	Not applicable / No Opinion
The overall booking process.								
The information you were provided prior to your visit.								
Helpfulness of staff.								
Your school visit to [Organisation Name].								
The toilet facilities.								
The cloakroom facilities.								
The lunch room facilities.								
The way you were greeted.								

4.2. Other comments [Text-area]

## **Special Educational Needs [Page 5]**

5.1. Did your pupils have any Special Educational Needs (SEN) provision during their visit? [Radio]

Yes

No

Unsure

Prefer not to say











#### Shown if "Yes" selected in Question 5.1.

# 5.1.1. Please indicate your level of satisfaction with the SEN provision at The Fitzwilliam [Organisation Type].

Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Satisfied	Very Satisfied	Not applicable / No Opinion

Shown if "Somewhat Dissatisfied / Dissatisfied / Very Dissatisfied" selected in Question 5.1.1.

**5.1.1.1. Why were you dissatisfied with the SEN provision during your visit?** [Textarea]

**5.2.** Do you have any other comments about your experiences with [Organisation Name] schools programme? [Text-area]

### **Before your Visit [Page 6]**

6.1. How did you hear about [Organisation Name] schools programme? [Check-box]

(tick all that apply)

Google search

Brochure / leaflet

[Organisation Name] website

Word of Mouth

Email

Teacher newsletter

Cannot remember

Other (please specify)

6.2. Did you use any of the digital resources of [Organisation Name] before your visit? [Radio]

Yes

No

Shown if "Yes" selected in Question 6.2.

6.2.1. For which reasons did you use the digital resources of [Organisation Name] before your visit? [Check-box]

(Tick all that apply)

To help to plan the visit

To find information about individual artworks

To view or download reproductions of individual artworks











To view or download the teachers Fact Sheets
To view or download the teacher Into Action worksheets
To view or download the teacher Do It Yourself session plans
Other (please specify)

6.3. Additional comments [Text-area]

### After your visit

6.4. Did you use any of the digital resources of [Organisation Name] after your visit? [Radio]

Yes No

Shown if "Yes" selected in Question 6.4.

6.4.1. For which reasons did you use the digital resources of [Organisation Name] after your visit? [Check-box]

(Tick all that apply)

To help to plan the visit

To find information about individual artworks

To view or download reproductions of individual artworks

To view or download the teachers Fact Sheets

To view or download the teacher Into Action worksheets

To view or download the teacher Do It Yourself session plans

Other (please specify)

6.4.2. Additional comments [Text-area]

6.5. We are always looking at ways of improving our digital resources. Do you have any feedback about [Organisation Name] website or digital resources? [Text-area]

Congratulations and thank you!

You've finished the survey.