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FIELD TRIP, LECTURE, SEMINAR, CLINIC, AND PRACTICE SESSION INSTRUCTOR FEEDBACK



Thank you for taking the time to share your thoughts with us! Your anonymous feedback will be visible to the committee chair and primary leader(s) to use at their discretion. If a safety concern is reported, this feedback will be reviewed by our Safety Committee.

We truly value your input. We invite you to review our blog, [Giving & Receiving Feedback](#). Your feedback helps us continually improve and ensure our members enjoy the best experiences possible.

■ = required field

How would you rate your overall experience supporting this field trip, lecture, seminar, clinic or practice session? ■

- Excellent
- Above Average
- Average
- Below Average
- Poor

How would you rate the leader(s)?

- Excellent
- Above Average
- Average
- Below Average
- Poor

Please share why you chose the above rating.

If possible, please include specific names of instructors so that we can pass on the feedback!



How did the tools and information that you were provided to be a volunteer instructor/leader compare to your expectations?

- Exceeded Expectations
- Above Expectations
- Met Expectations
- Below Expectations
- Well Below Expectations



How did the content and learning outcomes compare to your expectations?

- Exceeded Expectations
- Above Expectations
- Met Expectations
- Below Expectations
- Well Below Expectations



Part of an activity's effectiveness is the leader's ability to create a positive learning environment. In your experience, which statements were true about this activity? (Please check all that apply.)

- The location of this activity provided sufficient opportunities to learn the subject matter.
- The structure and flow of the activity made sense.
- Students received information in advance so that they could appropriately prepare with clothing, food and/or sleeping accommodations.
- This activity was an appropriate length of time.
- None of the above.



Do you have any additional comments about the learning environment?

What was your favorite part about this activity?

What would you have changed about this activity?

Did you feel that this trip was led in a way that minimized our impact on the land, waterways, and other users?

- Yes
- Somewhat
- No

Please explain why you chose the above answer.

Did you feel welcomed and included by the leader(s) and the other participants?

- Yes
- Somewhat
- No

Please share why you chose the above answer.

Were there any safety concerns during this activity?

Safety concerns include sexual harassment and assault, near-misses or violations of [The Mountaineers member code of ethics and other behavior policies](#).

If yes, you will be directed to an Incident Report form where you can describe the safety incident or your concern. Incident Reports are sent directly to our Safety Committee. These reports contain links to the trip listing, plus the information you provide in the form. We may contact you if additional information is needed.

Yes

No

If there was an incident or near-miss, please describe. Otherwise leave blank.

If you answered "yes" to the question above, please provide a very brief description of the incident or near-miss. You'll still be redirected to the incident report where you can provide more detail. Please leave this field blank if there were no incidents.

Is there anything else that you'd like to share?

SUBMIT

Helping people explore, conserve, learn about, and enjoy the lands and waters of the Pacific Northwest and beyond.

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