



The Bob Bullock Texas State History Museum The Story of Texas Scholarship Fund Survey

Please complete this survey after your visit, and return to the Museum.

1. School Name: _____
2. Date of Visit: _____
3. Have you previously taken a group of students from your school to this Museum?
 - a. Yes
 - i. Date: _____
 - ii. Grades: _____
 - iii. Subjects: _____
 - b. No
 - i. What prevented you from visiting the Museum in the past? _____

4. Were you satisfied with your visit?
 - a. Yes
 - b. No
5. What were the most rewarding/enjoyable parts of the visit for the students?
 - a. Exhibits
 - b. IMAX Theatre Movie
 - c. Texas Spirit Theater Presentation
 - d. Travel to Museum
 - e. Other: _____
6. What could have enhanced your visit? _____

7. Did your visit reflect what you are currently studying in the classroom?
 - a. Yes
 - i. What? _____
 - b. No
8. Are you interested in returning to the Museum with a school group in the future?
 - a. Yes
 - b. No
9. Other Comments: _____

Please return this survey to: Bob Bullock Texas State History Museum
P.O. Box 12874
Austin, TX 78711
Fax (512) 936-4698