Pre-Visit Assessment

Thank you for joining us at the Howell Nature Center—we’re very happy to host your group! Please take a moment to complete the following questionnaire, so we can better support your goals in visiting the Howell Nature Center.

Group Name___________________________________         Program Date__________________

Contact Name____________________________________________

Have you joined programs at HNC in the past? Which programs?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please describe your participants:

____ K  ____ 1st-2nd   ____ 3rd-4th  ____ 5th-6th  ____ 7th-8th  ____ High school  ____ Adult

Total number of participants:

Number of teachers _____

Number of chaperones _____

Number of male students _____

Number of female students _____

Our goal is to create a successful environment for all participants. Do any participants require accommodation of different abilities or other needs? Please describe:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
What are your goals in attending programs at the Howell Nature Center? Check all that apply:

- [ ] Curriculum reinforcement  
- [ ] Student-guided activities
- [ ] Outdoor exploration  
- [ ] Recreation/group bonding
- [ ] Wildlife  
- [ ] Social Skills
- [ ] Knowledge of natural resources  
- [ ] Strategic goal setting
- [ ] Hands-on learning  
- [ ] Problem-solving

Please expand upon these goals:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

If you are using programs to support classroom lessons, please describe key terms and concepts you would like us to reinforce:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
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What else should we know about your group?

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________