

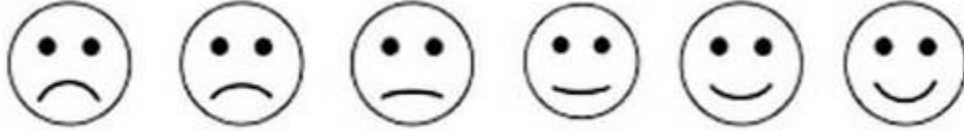


# Visitor Survey

Help us learn more about your experience today! Answer these four questions:

How old are you? \_\_\_\_\_

How much did you like this program or activity? *(with frown face to smiley face)*



Not so much

A little

A lot

What did you like most about this program or activity? (write or draw a picture)

Fill in the blanks to tell us what you learned:

“Before visiting this exhibit, I thought \_\_\_\_\_

...but now I think \_\_\_\_\_.”

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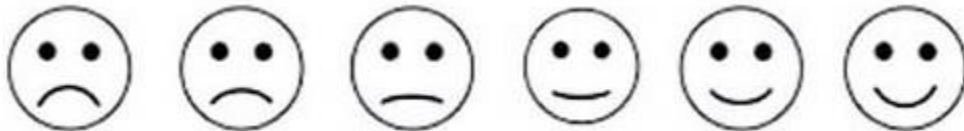


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