

EDUCATOR RESOURCE CENTER (ERC) FEEDBACK	Date: _____
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I. Visitor Identification

Name:	Position:	Name of Institution:	
Street Address:	City:	State:	Zip Code:
Phone (Include Area Code):	FAX (Include Area Code):	E-Mail Address:	

Type of Institution (Mark All That Apply)				
<input type="checkbox"/> Public	<input type="checkbox"/> Military	<input type="checkbox"/> Urban	<input type="checkbox"/> Hispanic Serving	<input type="checkbox"/> Other Minority Institution
<input type="checkbox"/> Private	<input type="checkbox"/> Rural	<input type="checkbox"/> Special Education	<input type="checkbox"/> Native American Institution	<input type="checkbox"/> Institution Designed to Serve Persons with Disabilities
<input type="checkbox"/> Magnet	<input type="checkbox"/> Suburban	<input type="checkbox"/> Historically Black Institution	<input type="checkbox"/> Institutions Serving Women	<input type="checkbox"/> Charter

II. Visitor Characteristics

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual with Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/ Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Specify): _____		

III. Classroom Information (Mark All That Apply)

<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> CC	<input type="checkbox"/> UG	<input type="checkbox"/> G	<input type="checkbox"/> Other (Specify): _____			

Approximately how many students do you teach each year: _____

Primary Area(s) of Instruction (Mark All That Apply)
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<input type="checkbox"/> All Subjects	<input type="checkbox"/> Astronomy	<input type="checkbox"/> Biology	<input type="checkbox"/> Business	<input type="checkbox"/> Chemistry
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Earth Science	<input type="checkbox"/> Engineering	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> General Science
<input type="checkbox"/> Geography	<input type="checkbox"/> Humanities	<input type="checkbox"/> Life Sciences	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Physical Sciences
<input type="checkbox"/> Physics	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Special Education	<input type="checkbox"/> Technology Ed	<input type="checkbox"/> Vocational Ed
<input type="checkbox"/> Other (Specify): _____				

Do you have access to a computer: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please mark all that apply: <input type="checkbox"/> At Work <input type="checkbox"/> At Home <input type="checkbox"/> At a College/University <input type="checkbox"/> Other (Specify): _____
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To which of the following do you have access: Electronic Mail Internet CD-ROM

IV. Instructional Products, Programs and Services
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How did you learn about this Educator Resource Center: Flyer Your Institution Fellow Educator Internet Other

Below is a list of educational products and services. Please list how many of them you received during your visit.

_____ Educational Publications (EB, ET, EG, EP, EW, LG)	_____ Video Tapes
_____ Video Tapes with Video Resource Guides	_____ CD-ROMs
_____ Other NASA Non-Technical Information publications (NASA Facts, NP, NW, IS, BD)	_____ Workshop

V. Value of ERC Visit

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This visit was a valuable experience.					
The hours of operation of the ERC site were convenient.					
The provided NASA-related curriculum support materials can be included in your curriculum.					
The ERC staff was courteous and helpful.					
The staff was knowledgeable about content of educational products.					
The ERC staff was knowledgeable about educational electronic and multimedia resources.					

PLEASE BRIEFLY DESCRIBE WHAT YOU HOPE TO ACCOMPLISH AS A RESULT OF YOUR VISIT TO THIS ERC SITE

PRIVACY ACT AUTHORIZATION

The Government Performance and Results Act of 1993 requires that all Federal Agencies or Departments provide an annual evaluation of all programs in order to improve program effectiveness and public accountability. Disclosure of the information requested is voluntary. The information collected will be used to improve program delivery, and to compile the required annual report. Routine use of the information may be used to carry out follow-up evaluations to provide you with further information about similar programs. In accord with the Privacy Act of 1974 U.S.C. 552A, personal information will not be released to any external organization unless express authorization is requested and provided. There is no effect to you, the participant, if you elect not to complete any or all of the information requested on this form.