

STORIES IN ART: EVALUATION

Parent/Guardian Name: _____

Email Address: _____

Date of Program Attended: _____

Parents and children, please take time to share your thoughts on this program with us. This will help us ensure the quality of our *Stories in Art* program. Thank you!

1. How did you hear about this program? (check all that apply)

- Library
- TAM
- Flyer
- Email / Social Media
- Previous Participant
- Other: _____

2. Did this program fulfill your expectations? Please explain why or why not.

3. What was your favorite aspect of the program today?

4. What areas can we improve?

5. How many are in your party today? _____ Adults _____ Boys _____ Ages _____ Girls _____ Ages

6. Have you visited the Torrance Art Museum before today? _____ yes _____ no

7. Have you taken classes at the Cultural Arts Center before today? _____ yes _____ no

8. What is the zip code of your primary residence? _____

9. To help us better serve our community, please add any comments or suggestions:

Thank you!

Please submit your response to the TAM front reception desk, email to mtran@torranceca.gov, or mail to:

Torrance Art Museum, Attn: Melissa Tran, 3320 Civic Center Drive, Torrance, CA 90503