Delta College International Intercultural Travel Study Program EVALUATION

In planning future travel programs, it is important to know how you feel about present travel programs, how well we have met your needs, and how we may improve our travel programs. We appreciate your taking time to complete this evaluation.

Travel Destination_____________________________________________ Today’s Date____________

Trip Leaders __________________________________________________________________________

Please feel free to make comments regarding the following points.

<table>
<thead>
<tr>
<th>OVERALL RATING</th>
<th>Excellent 5</th>
<th>Good 4</th>
<th>Fair 3</th>
<th>Poor 2</th>
<th>Does not apply</th>
</tr>
</thead>
</table>

1. Pre-Trip Orientation Instruction

2. Trip Leaders Role

3. On-site travel guide’s knowledge
   (Itinerary, area, schedules, and driving routes)
   (Knowledge of regional culture, history, and customs)

4. Accommodations

5. Meals

6. Itinerary

7. Transportation

8. Trip Price

9. Your Overall General Experience
   (Orientation and Trip)

- If you wish, you may attach an additional sheet. -
We welcome your comments:

1. Were the orientation sessions and trip advertisement factual and correct? _____ Yes _____ No

Comments ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

2. How did you learn about this travel opportunity? _____ Brochure _____ Newspaper

_____ Friend _____ In-class announcement

Other _________________________________________________________________
_______________________________________________________________________

3. What other Delta College International Travel Programs have you taken? __________________________

_______________________________________________________________________

4. What other countries / cultures / areas would you like visit? ________________________________

_______________________________________________________________________

5. Please discuss the high points and low points in your trip from your perspective. ______________

(High)____________________________________________________________________________________

(Low)____________________________________________________________________________________

6. Given the restraints of time, weather, and budget, what things would you suggest be done to improve
the trip in general? _______________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

7. Other Comments __________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

8. OPTIONAL

Name __________________________________________ Age ___________ Male_____ Female _____

Please return this completed evaluation to your Trip Leader OR send it to the International Intercultural
Program Office, WCL – A003, Delta College, University Center, MI 48710 Thank you!

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