

# Bleeding Kansas Trunk Questionnaire

Please take the time to complete and return this questionnaire. This information will help us asset our Traveling Trunk Program

1. Name \_\_\_\_\_

2. Title/Position \_\_\_\_\_

3. Type of Organization \_\_\_\_\_

4. How did you learn about the Traveling Trunk program? \_\_\_\_\_

5. Please check the way or ways in which the trunk was used.

\_\_\_\_ Exhibit (library, museum, showcase, etc.)

\_\_\_\_ Classroom Lesson

\_\_\_\_ Entertainment / recreation

\_\_\_\_ Other \_\_\_\_\_

6. How many people used the trunk? \_\_\_\_\_

7. What grade level was the trunk used for? \_\_\_\_\_

8. Do you feel that trunk was appropriate for the chosen grade level? \_\_\_\_\_

If no, please tell us why?

\_\_\_\_\_

\_\_\_\_\_

9. Which items did the students like most? \_\_\_\_\_

\_\_\_\_\_

10. What features of the trunk did you like most? \_\_\_\_\_

Please provide any other comments/feedback on how we can improve the trunk.

\_\_\_\_\_

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\_\_\_\_\_