Advance Observing Program Evaluation
Kitt Peak Visitor Center

In order for us to continue to provide you with a quality experience on the Mountain, your feedback is important. Please, take the time to fill out this survey or mail it back in the enclosed self-addressed stamped envelope. Your comments help us to improve our program. Thank you!

Your Name_____ Date of stay_____ Name of your Observer_____
(*Optional*)

- Where did you first learn of this program (please be as specific as possible)? _____

  _____

- How would you rate your astronomy knowledge? 1 2 3 4 5
  Novice Expert

- Is this your first visit to the AOP? Yes No If No, how many times have you participated in the program?____

- Please circle each item of interest that you anticipated undertaking during your AOP experience.

  1. Visual Observations
  2. CCD Imagery
  3. Image Manipulation
  4. Astrophotography
  5. Telescope Setup and Mechanics
  6. Computer Software
  7. Other _____

- Please check the statement that best describes your expectations.

  - ○ I wanted to obtain as many quality images as possible.
  - ○ The process behind CCD imagery (astrophotography) was more important than the result.
  - ○ Just being here made the trip worthwhile.
  - ○ Other _____

- Were we able to meet your expectations? If not, please explain why and what could be done in the future to help.

- What was your favorite part of the AOP experience?

- What was your least favorite part of the AOP experience?

- Is there any equipment or software that you feel would improve the program?

- Is there anything that could be done before your visit to improve the experience?

over please

Please rate the following areas:

Room Condition/Cleanliness	1 Poor	2	3	4	5 Excellent
Food Quality	1 Poor	2	3	4	5 Excellent
Ease of making a reservation	1 Poor	2	3	4	5 Excellent
Friendliness and professionalism of your observing guide	1 Poor	2	3	4	5 Excellent
Disregarding uncontrollable factors (such as weather), please rate the quality of your images, or views through the telescope.	1 Poor	2	3	4	5 Excellent
How would you rate the monetary value of this program?	1 Expensive	2	3	4	5 Inexpensive

Did you received the confirmation information in a timely manner? YES NO

Were you greeted in a friendly manner? YES NO

All things considered, what is your total level of satisfaction with your experience with the AOP program?

1 Poor 2 3 4 5 Excellent

COMMENTS

Please mail this form to the address below. If you would like to discuss this or any other part of your visit to Kitt Peak, please contact the Public Outreach Department.

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