

Outdoor Classroom Survey

Name _____ Grade Level _____

1. Do you see a need for an outdoor classroom?

____yes ____no

2. Do you see yourself using an outdoor classroom as part of your curriculum?

____yes ____no

a. If so, how often do you think you would use it?

____ Once a year

____ 2-3 times a year

____ Once a month

____ 2-3 times a month

____ More than 3 times a month

3. What areas of your curriculum do you think would benefit from the use of an outdoor classroom? (List specific objectives.)

Additional Comments/Suggestions:
