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:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________