# Elkhorn Slough Reserve Script

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_and I’m calling on behalf of the Elkhorn Slough Reserve. We are developing a directory of field trip opportunities. I would like to speak to the person in charge of your school-age field trip opportunities.

(If asked, the reserve is one of 27 National Estuarine Research Reserves located on the coasts of the U.S.; owned and managed by the California Department of Fish and Game in collaboration with the National Oceanic and Atmospheric Administration, (NOAA); and a local non-profit, the Elkhorn Slough Foundation.)

The Elkhorn Slough Reserve is developing an inventory of organizations offering environmental science related activities for school age children.  By school age I mean K-12th grade.  This information is part of an effort to determine what opportunities are still available in the region for teachers to expose their students to field, museum, or aquarium experiences that enhance their understanding of the environment

(If asked, the Reserve will use this information to help refine and improve the education programs and to help coordinate the Reserve’s efforts with those of the other providers in the region.)

The results of this survey will be shared with the participants and also made available to teachers and the general public through several avenues, including a website.

Is now a good time to talk? I just need a few minutes of your time. (If asked, it will take about 10 minutes)

*Interviewer: If they can’t talk now, set up an appointment and make sure to note the contact name. Explain to the person that we are trying to get this information in the very near future and their participation would be greatly appreciated. See if you can get an appointment ASAP.*

Name:

Organization:

Number:

Appointment time:

Day:

Date:

## Declined to be included: (mark an X here)\_\_\_\_\_\_\_\_

Be sure to include the name, organization and date above.

Resource Information

1. Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Program(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Telephone number w/ area code: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

7a. What type of environmental science programs or resources do you offer? I will read you a list: (choose all that apply)

* + Activity kit
	+ Field trip
	+ Class / workshop at your site
	+ Outreach / in-class program at school site
	+ Curriculum
	+ Professional development
	+ Publications
	+ Website / online services
	+ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Don’t know

7b. What is your program focus? I will read you a list: (choose all that apply)

* + General environmental education
	+ Coastal / marine
	+ Watershed
	+ Wetlands
	+ Environmental health
	+ Environmental justice
	+ Nature awareness
	+ Stewardship
	+ Water
	+ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Don’t know
1. What ages can attend the programs or activities? (This question assumes adults can attend.)
	* (1) All Ages (including adults)
	* (2) Elementary school only
	* (3) Middle school only
	* (4) High school only
	* (5) Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the duration of the program(s)?
	* (1) Hours
	* (2) Days
	* (3) Weeks
3. What days are offered:

|  |  |  |
| --- | --- | --- |
| * + - (1) Weekdays
 | * + - (2) Weekends
 | * + - (3) Both
 |

1. What sessions do you offer?
* (1) Traditional school year (such as September through June)
* (2) Year round
* (3) Summer (such as June through September)
* (4) Other (specify)
1. Do you have programs for home school?
* (1) Yes
* (2) No
* (3) Don’t know
1. Which of the following counties do your participants come from?
* (1) Santa Cruz; estimate percentage from that County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* (2) Monterey; estimate percentage from that County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* (3) San Benito; estimate percentage from that County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* (4) Santa Clara; estimate percentage from that County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* (5) San Mateo; estimate percentage from that County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* (6) San Luis Obispo; estimate percentage from that County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* (7) Open to all counties
* (8) Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How many spaces are available for youth: Daily\_\_\_\_\_\_\_\_\_\_Weekly\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there a waiting list for spaces in your program?
* (1) Yes for some programs
* (2) Yes for all programs
* (3) No
* (4) Don’t know

 15a. Have you noticed any significant changes in student visitation trends in the last five years?

* (1) Increased student visitation
* (2) Decreased student visitation
* (3) No change
* (4) Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_
* (5) Don’t know
1. Are there plans to expand the programs or activities?
* (1) Yes (ask 16a)
* (2) No
* (3) Don’t know

16a. If yes, what are they? Please briefly describe:

1. Are teachers required to complete a workshop in advance?
* (1) Yes
* (2) No
* (3) Don’t know
1. Do you have student or teacher fees?
* (1) Student. If yes, how much are the fees per student? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* (2) Teacher. If yes, how much are the fees per teacher? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* (3) None
* (4) Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* (5) Don’t know
1. Do you provide curriculum materials to the teachers?
* (1) Yes (ask 19a, b and c)
* (2) No (ask 19b and c)
* (3) Don’t know

19a. Are they for:

* (1) Prior to attending the activity
* (2) Day of activity
* (3) Materials to take back to the classroom
* (4) Don’t know

19b. Are your materials in Spanish?

* (1) Yes
* (2) No
* (3) Don’t know

19c. Are your materials in another language?

* (1) Yes (ask 19d)
* (2) No
* (3) Don’t know

19d. What language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you identified any barriers to attending your programs or activities?
(Please describe)
2. Thinking about your Staff:

23a. How many are paid? \_\_\_\_\_\_\_\_

23b. How many are volunteers? \_\_\_\_\_\_\_\_

1. Do you provide handicap access?
* (1) Yes
* (2) No
* (3) Don’t know

Data from this survey will be available to participants. Would you like to be contacted when the results are available?

* (1) Yes
* (2) No

Confirm email address: