

***Canyon Creek Sports Camp
Evaluation Form***

Please circle the appropriate information:

- | | | | | | | | | | |
|--|------|---|---|----|--------|----|----|----|----|
| 1. How old is your child? | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 2. What gender is your child? | Male | | | | Female | | | | |
| 3. What session did your child attend? | 1 | 2 | 3 | 4 | 5 | | | | |

Please add any additional comments you feel would be helpful in evaluating each aspect of the camp program. All answers are used to improve camp programs and will be held in the strictest of confidence. ***If you wish to submit an anonymous form, please print out the evaluation and mail it back to us as soon as possible. Do not put a return address or fill in your name.***

Please rate the following aspects of camp:

- | | | | | |
|--|--------------|---------|-----------|----------------|
| 4. How satisfied are you with the overall program? | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 5. How satisfied are you with the accessibility of administration? | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 6. How satisfied are you with the camp facility? | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 7. Did your child have a positive experience? | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 8. Did camp accomplish what you expected? | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 9. How satisfied are you with camp staff? | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 10. Would you be interested in 3 or 4-week sessions? | Yes | | No | |
| 11. Would you send your child back to camp? | Yes | | No | |

Please use the next page to answer additional questions and provide comments.

Comments:

Please tell us what we are doing especially well. What areas did you most enjoy about camp?

Please list two things that you think would make camp a better place for you and/or your camper.

Any additional comments.

At Canyon Creek Sports Camp we know our staff is the key to a positive camp experience. Each year we evaluate our staff to determine who will be asked to return for the following summer. Your input is vital to this process. Please help us by evaluating your child's individual counselors. Please use the back of this sheet for any additional counselors or comments.

Counselor: _____

Was your child satisfied with this counselor?

Would you recommend this counselor to return to camp? _____

Counselor: _____

Was your child satisfied with this counselor?

Would you recommend this counselor to return to camp? _____
