



ADULT PARTICIPANT EVALUATION

Event Name

Date of Event

Thank you for taking time to help us identify our strengths and areas for improvement. This side of the form is designed to be completed by an adult participant.

On a scale of one to five with five being the best, please indicate how you feel:

- | | | | | | |
|---|---|---|---|---|---|
| Event was well-planned. | 1 | 2 | 3 | 4 | 5 |
| The volunteers and staff knew what they were doing. | 1 | 2 | 3 | 4 | 5 |
| Volunteers and staff were friendly and helpful. | 1 | 2 | 3 | 4 | 5 |
| Girls were well supervised. | 1 | 2 | 3 | 4 | 5 |
| Quality program was delivered. | 1 | 2 | 3 | 4 | 5 |
| I would participate again. | 1 | 2 | 3 | 4 | 5 |

Highlights ó Strengths of Event:

Areas of Concern ó Room for Improvement:

Evaluation completed by: (optional) _____