

## ASPNC Program Evaluation

Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Season: \_\_\_\_\_

Please circle the selection that most applies to your role with ASPNC for the program and season listed above:

I am a:	Participant	Volunteer	Parent, Guardian, CI, Etc
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Please circle the number that most applies to your experience during the program and season listed above:

	Never or Rarely 1	Not Usually or Seldom 2	Sometimes 3	Usually or Often 4	Almost Always or Always 5	Not Applicable
Venue changes, cancellations, and program updates were well communicated.	1	2	3	4	5	N/A
Directions and locations were clear and easy to find.	1	2	3	4	5	N/A
The volunteer leader was well prepared to implement the program.	1	2	3	4	5	N/A
The training volunteers received was sufficient and helpful towards facilitating the activity.	1	2	3	4	5	N/A
Volunteers and other staff were engaging and professional.	1	2	3	4	5	N/A
Equipment was selected/adjusted appropriately for my skills and comfort.	1	2	3	4	5	N/A
Programming was implemented safely.	1	2	3	4	5	N/A
I felt engaged during programming and in my role.	1	2	3	4	5	N/A
I would recommend participating in this program with ASPNC to friends, family, or other potential participants.	1	2	3	4	5	N/A

Are there any specific trainings, clinics or activities you would like to see added?

Additional Comments/Suggestions/Concerns: