Name: ___________________  Camp Date: ______________

Summer Arts Day Camp Evaluation Form

The Steinbach Arts Council would like your feedback on YOUR camp experience!

Let us know by answering the following questions by using the following scale:

1 - Very regular
2 - sort of regular
3 - Okay
4 - Pretty good
5 - Awesome!

1) How did you enjoy camp overall? ________________________________
2) How did you enjoy Visual Arts? ________________________________
3) How did you enjoy Music? ________________________________
4) How did you enjoy Dance? ________________________________
5) How did you enjoy Drama? ________________________________
6) How did you enjoy Recreation? ________________________________
7) How did you enjoy your Camp Directors? ________________________________

What was the BEST part of camp?
__________________________________________________________________
__________________________________________________________________

What was the WORST part of camp?
__________________________________________________________________
__________________________________________________________________

Parents Evaluation Form

1) How did you hear about Summer Arts Day Camp? ________________________________
2) Did your child enjoy camp? YES ____ NO ____
   Comments: __________________________________________________________________
3) How was the cost? _____ low _____ reasonable _____ high
4) What 3 words come to mind when you hear Steinbach Arts Council?
__________________________________________________________________
__________________________________________________________________

5) Was our communication clear? YES ____ NO ____
   Comments: __________________________________________________________________

6) Do you have any other comments/suggestions?
__________________________________________________________________
__________________________________________________________________

Thank You! Please return this form to the Camp Directors on the last day of camp.
We hope you had as much fun as we did!