

Crystal Lake Park District
Parent Camp Evaluation Form

Dear Parents:

In order to make our program an enjoyable experience, your input is necessary. We would appreciate you taking some time to complete this questionnaire. Please return it to your child's counselor or to the Park District Administrative Office at One East Crystal Lake Avenue as soon as possible. Thank you.

Rate on a scale of 1 to 4:

1) Poor 2) Fair 3) Good 4) Very Good

Camp Name: _____

1. a. Counselor's _____
b. Materials and equipment _____
c. Camp site _____
d. Art activities and projects _____
e. Field trips _____

2. Did camp meet your expectations? ___ Yes ___ No
If not, why not? _____

3. What did you like most about camp? _____

4. What did you like least about camp? _____

5. Did your child get opportunities for activities and trips, he/she may not have done otherwise? _____

6. Did you like how the swim lessons were incorporated into camp? ___ YES ___ NO

7. Did your child learn a new game, sport or art project this summer? ___ Yes ___ No
If no, why not? _____

8. Did your child become more responsible this summer? Example: take care of his/her things and/or make good activity choices? ___ Yes ___ No ___ n/a
If no, why not? _____

9. Did your child make a new friend this summer? _____

10. Did you feel your child was safe at camp? _____

11. Overall, I find this camp: (check one)
Excellent ___ Very Good ___ Good ___ Fair ___ Poor ___

12. Additional Comments: _____

13. If you would like to be contacted, please include your name and phone number.

Name: _____
Phone: _____
Best time to call: _____

