



**Adventure Day**  
Program Evaluation

Teacher Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Dear Teacher,

Please grade us on our performance in the following categories by circling the letter. Your feedback will help us to improve and serve you better. A self-addressed envelope is supplied for your convenience. Thanks for giving us the opportunity to work with your students.

1. The program was conducted safely.                    A        B        C        D        F

COMMENTS:

2. Students were challenged in a positive way.                    A        B        C        D        F

COMMENTS:

3. The program helped students learn to work as a team.                    A        B        C        D        F

COMMENTS:

4. The program helped to develop group problem solving skills.                    A        B        C        D        F

COMMENTS:

*Continued on other side...*

# International Association of Teamwork Facilitators

4. **Adventure Day helped students gain useful insights about themselves and each other.**      A      B      C      D      F

COMMENTS:

6. **The program helped build student self-esteem.**      A      B      C      D      F

COMMENTS:

7. **The Adventure Day facilitators worked effectively with the students.**      A      B      C      D      F

COMMENTS:

8. **Please rank the over-all quality of the program.**      A      B      C      D      F

COMMENTS:

9. **I would like my class to participate in Adventure Day next year.**

Yes, definetly

Maybe

No, but thanks anyway

COMMENTS:

10. **Other thoughts, comments, suggestions:**