



# P E A K

EXPERIENCE THE LEARNING

## PROGRAM EVALUATION

Event/Group: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate the following on a scale of 1 to 5: 1 = poor; 5 = outstanding

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|--|---|---|---|---|---|
| • Overall quality of program               | 1 | 2 | 3 | 4 | 5 |
| • Quality/Clarity of instruction           | 1 | 2 | 3 | 4 | 5 |
| • Instructors' knowledge of subject        | 1 | 2 | 3 | 4 | 5 |
| • How beneficial was this program for YOU? | 1 | 2 | 3 | 4 | 5 |
| • Overall "fun" quotient                   | 1 | 2 | 3 | 4 | 5 |
| • Quality of facility/program area         | 1 | 2 | 3 | 4 | 5 |

Please comment briefly (use back if necessary):

- What was the highlight of the program for you?

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- What was the low point of the program for you?

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- Do you feel that you were prepared (mentally, physically, emotionally) for this program? If not, why?

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- What might be done to improve this program?

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