



Trip/Special Event Evaluation

1.) Name of the trips/special events you/your participant attend this season_____

2.) How did you learn about SWSRA'S trips/special events?

3.) What did you/your participant like the most/least about the trip/special event?

4.) Did these trips/special events provide the opportunity for personal growth or development?

(Check all that apply)

Emotional

Positive Interaction with Peers

Creativity

Self-Confidence

Community Integration

Social Skills

Explain or comment: _____

5.) Would you/your participant like to see these trips/special events offered this season be offered again in the future?

Yes NO

Explain: _____

6.) What other trips/special events would you like to see SWSRA offer?

7.) What are the best days and times for you/your participant to attend trips/special events?

Friday___ Morning___ Afternoon___ Evening___

Saturday___ Morning___ Afternoon___ Evening___

Sunday___ Morning___ Afternoon___ Evening___

8.) Please rate the leader in the following categories:

(1) Excellent (2) Good (3) Fair (4) Poor

Trip/Special Event Preparation____ Creativity____
Enthusiasm____ Punctuality____

Comments regarding the leader (name) _____:

9.) Please rate the trip/special event aides in the following categories:

(1) Excellent (2) Good (3) Fair (4) Poor

Trip/Special Event aide (Name) _____:

Assistance____ Enthusiasm____ Encouragement____ Punctuality____

Comments: _____

Trip/Special Event aide (Name) _____:

Assistance____ Enthusiasm____ Encouragement____ Punctuality____

Comments: _____

Trip/Special Event aide (Name) _____:

Assistance____ Enthusiasm____ Encouragement____ Punctuality____

Comments: _____

Additional Comments:

~ Thank you for your time and consideration.

Your feedback is extremely valuable to us. ~

**Please either mail to the SWSRA office or fax to SWSRA
at 708-389-6458.**

