



usa
building global friendship
smoky mountain chapter

Program Evaluation for Parents

Program (circle one): *Village* *Summer Camp* *Youth Meeting* *Seminar Camp*

Program Location: _____ Program #: _____

1. Overall impressions of program:

2. Program strengths/positives:

3. Some thing(s) I wish I had known from the beginning:

4. Communication/support from the Leader was:

5. Some thing(s) I wish our Delegation and/or Leader had done differently:

6. Communication/support from the Chapter was:

7. Some thing(s) I wish the Chapter had done differently:

8. The program fee was (circle one): *inexpensive* *a fair value* *too expensive*

Comments about the total cost including incidental expenses and travel:

9. Regarding future CISV programs for your family, you (circle one):

are definitely interested *might or might not be interested* *are definitely not interested*

10. Additional Comments (*write on back if more space is needed*):

11. My family has registered with "CISV Friends" at <https://friends.cisv.org>: *Yes* *No*

You may submit this form without your name if you wish to remain anonymous. However, if you are willing to be contacted by a CISV representative, please give your name, telephone number and email address in case there are questions about your responses. Check "Please contact me" below if you definitely want to be contacted. Thank you for helping CISV become better!

Parent's name _____ Date: _____ Please contact me.
(check box)

Ph # _____ Email address: _____