



Program Evaluation for Participants with Leaders

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

Program Location: \_\_\_\_\_ Program #: \_\_\_\_\_

- 1. Thinking about your entire program experience, what did you like best? What did you like least?
2. How did you prepare for your program with your Delegation and your Leader? What are some things you know now that you wish you had known when the experience began?
3. Were you able to count on your Leader? What did your Leader do that made you feel safe and trust him/her? What do you wish your Leader had done differently?
4. How well did your Delegation get along? Did you become friends? Do you expect to see each other in the future?
5. What was the theme of your program? How was it reflected in program activities?
6. How well did you get to know Delegates from other countries? Do you plan to stay in touch? If yes, what ways?
7. Regarding future CISV programs, you (circle one): are definitely interested, might or might not be interested, are definitely not interested
8. What is the most important thing you learned about yourself through this experience?
9. What else would you like to share about your program experience? (write on back if more space is needed):
10. I have 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!

Participant's name \_\_\_\_\_ Date: \_\_\_\_\_ Please contact me. (check box) [ ]

Ph # \_\_\_\_\_ Email address: \_\_\_\_\_