



Adult Day Camp Evaluation

Location: _____ Date: _____

Name: _____ Role: _____

Was your day camp well planned?

What were the greatest successes of camp?

What parts of the day camp should improve?

Was day camp volunteer staff knowledgeable and helpful?

Did you meet new adults and feel connected with them?

Were campers challenged to be leaders, be better people, and make new friends?

Do you feel that the day camp activities provided were inspiring or educational?

What NEW activities would you like to see at future day camps?

Would you like to discuss your comments further? YES or No (Leave additional comments on back)

If yes, provide your phone number or email: _____