

NEIGHBORHOOD HOUSE SUMMER DAY CAMP 2010 (NHSDC10)

PARENT/GUARDIAN EVALUATION

Parent/Guardian Name	 · · · ·		
4			
Children's Names			

Please circle the number that most clearly reflects your assessment.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Overall, NHSDC10 has been a good experience for my child.	1	2	3	4
My child has been respected by the NHSDC10 staff and volunteers.	1	2	3	4
NHSDC10 provides my child with a good balance of activities-large group, small group, active and quiet.	1	2	3	4
Communication with the staff is available as needed.	1	2	3	4
My child is supervised at all times.	1	2	3	4
I am aware of NHSDC10 rules & policies.	1	2	3	4
I am aware of the NHSDC10 schedule and events.	1	2	3	4
The NHSDC10 food program is varied and of good quality.	1	2	3	4
I think the \$3/child fee is reasonable.	1	2	3	4

Please rank, in order of importance, the reasons for enrolling your child/ren in Neighborhood House Summer Day Camp 2010. Please circle only one number per line, 1 being the most important.

		Least Important		
New Experience	1	2	3	4
Supervision	1	2	3	4
Parents working/school	1	2	3	4
Child's interest	1	2	3	4
For the following questions, please ask yo	our child now they feit, t	o give our stail ar	accurate reaction	to our program.
Least Favorite Activities:				
What activities would you/your child/ren	like more of in the Sumn	ner Day Camp? C	heck as many as yo	u feel apply.
Learning/Educational activitie	es			
Learning about the communit	ty and resources			
Social Skills				
Leadership/Teambuilding act	ivities			
Recreational activities				
Arts and Crafts activities				
Problem Solving skill develop	ment			
Outdoor play time				
Other, please list:				

Additional Comments: