

SETEBAID SERVICES, INC.

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CAMPING PROGRAMS EVALUATION FORM

Camper's Name: _____ Parents' Name(s): _____

Dear Camper and Parents,

The week at diabetes camp has come and gone and we were pleased to share, for a short time, in your lives. Our hope is that the time at camp was meaningful, educational, and enjoyable.

We are now asking for your assistance to evaluate the program and make changes to improve the program. This completed form will assist us in improving the camping experience for all who participate in future programs. Please take a moment now and complete this form. Please answer the following questions as accurately as possible, and **return the completed form within the next week.** Thank you for your assistance.

May we use your comments in future publications? *Yes* *No* *Signature:* _____

Please have the camper complete this section

1. Did you like camp? *Yes* *No*
2. Were there enough activities at camp? *Yes* *No*
3. At camp, what did you learn about diabetes and diabetes care?
4. What was your favorite part about camp?
5. What was your least favorite part of camp?
6. Name three things you can do better or you learned at camp?

A. _____

B. _____

C. _____

7. Would you like to come to camp or to a teen program in the future? *Yes* *No*

Parents, please complete the next section. Comments are welcomed and encouraged. Please feel free to attach additional paper as necessary.

1. Rate your **child's** reaction to the following. Please circle the best answer.

Leadership	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Camp Site	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Activities	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Food	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Medical Care	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Medical Staff	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Counselor	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>

2. Rate **your** impression of the following. Please circle the best answer.

Leadership	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Camp Site	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Program	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Medical Care	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Medical Staff	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
Counselor	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>

3. Do you feel your child's diabetes care has improved, gotten worse, or stayed the same; and, have you observed any specific ways in which your child has grown as a result of the week of camp?

4. What changes would you make regarding the mail-in registration process?

5. In the future, will you register across the internet and receive camp information across the internet or do you prefer mail via the US Postal Service? *Internet* *USPS*

6. Because much of the information on campers is gathered on the mail-in forms, we can expedite the on-site registration process. Please rate the on-site check-in process.

I was able to discuss issues with the medical staff privately	<i>Agree</i>	<i>Disagree</i>		
I was seen at my scheduled time	<i>Strongly Agree</i>	<i>Strongly Disagree</i>		
Staff took time to discuss my concerns	<i>Agree</i>	<i>Disagree</i>		
The wait to register on-site was reasonable considering the number of campers registering	<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Somewhat Disagree</i>	<i>Disagree</i>

7. Do you have any suggestions that you feel would improve the camping experience for your child in the future?