

RICHMOND CENTRE FOR DISABILITY 2014 Children & Youth Summer Camp

(July 7 – August 22, 2014)

Parent Evaluation Form

Dear Parent:

Thank you for your child's participation in the RCD Children & Youth Summer Camp. Your feedback is important to us in our continuing effort to improve the activities, facilities and staff at the summer camp. Please take a few minutes to evaluate your experience this summer. Your input is greatly valued and appreciated.

1.	Was the summer camp program what you expected it to be?						
	Yes □	No □	Comments:				
2.	Did the pre-camp communication (brochure, parent letter, info package, email, web posting, interview meeting) adequately prepare you and your child for camp?						
	Yes □	No □	Comments:				
3.	Please rate the following:						
				Excellent	Good	Fair	Poor
	Ease of registration						
	Camp content and activities						
	Field Trips						
	Communication with staff						
	Supervision and support provided						
	Overall s	summer ca	mp rating				
4.	What did your child like most of his/her camp experience?						
	(Continue overleaf if needed)						
5.	Were there parts of the camp experience your child did not enjoy?						
						(Continue	overleaf if needed)
6.	Additional comments and/or suggestions to improve the summer camp in future.						
						(Continue	overleaf if needed)

Thank you for your time!

Please return the evaluation form to Camp staff or directly to Ella Huang by faxing to 604-232-2415, or email: ella@rcdrichmond.org, or mail back to:
Richmond Centre for Disability, 100-5671 No. 3 Road, Richmond, BC V6X 2C7