



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PROGRAM EVALUATION & SURVEY

Program/Class Name: _____

Date: _____

Program Location: _____

Coach/Instructor/Leader: _____

Please tell us how you heard about our program.

- Radio
- Newspaper
- Brochure
- Friend
- School
- Direct Mail
- Other _____

PROGRAM QUALITY

	EXCELLENT	GOOD	FAIR	POOR
Coach/Inst./Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost / Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YMCA Philosophy / Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception of Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I will recommend this program to others. Yes No
 Do you participate in other Y programs? Yes No

DEVELOPMENTAL ASSETS

Please help us measure how well our YMCA programs and activities helped your child learn in new ways and / or feel differently about himself or herself.

As a participant in this program, my child experienced:

Support: a positive, caring, supportive environment

Yes No

Empowerment: felt valued / felt secure

Yes No

Boundaries/expectations: understood expectations

Yes No

Constructive use of time

Yes No

As a participant in this program, my child now demonstrates:

Commitment to learning: wants to learn, improve self

Yes No

Positive values: caring, honesty, respect, responsibility

Yes No

Social competencies: makes positive choices

Yes No

Positive identity: self-worth and purpose

Yes No

COMMENTS / SUGGESTIONS

OPTIONAL INFORMATION

Name: _____

Phone Number: _____ E-mail: _____