

Summer Youth Services (SYS)

Parent/Guardian Evaluation

(If more space is needed please continue on back)

1. Do you think your child had a good time? YES NO
2. Did you feel the camp was a good cultural experience for your child? YES NO
3. Do you believe the camp is a valuable asset for our community? YES NO
4. Do you feel the SYS staff was caring, capable and engaged with your child? YES NO
5. Did SYS camp meet or exceed your expectations? YES NO

If we did not, can you share what outcomes you were expecting from the SYS Camp

6. Did your child share any of their opinions of the SYS program, if so please share those with us.

7. Is there something special you would like to share with us about your child's experience this summer _____

8. Why did you send your child to SYS Camp? If SYS is offered next summer would your child attend _____

9. Do you have any suggestions for next years camp?:

Thank you for your support & sharing your child with us, see you next year!

SYS Staff Team