 



**Summer Program Evaluation**

**Name of Group/Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Supervisor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about our summer program? (Check all that apply)**

* Social Media \_\_\_
* Attended in the past \_\_\_
* Word on the street \_\_\_
* From our emails \_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you come back next year for our summer program, whether virtual or in person?**

* Yes \_\_\_
* No \_\_\_
* Maybe \_\_\_
* Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Did your group enjoy the program?**

* Yes \_\_\_
* No \_\_\_

Additional comments on why you liked or disliked the program…

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**Was the Staff enthusiastic and clear in their directions?**

* Yes \_\_\_
* No \_\_\_

Additional comments on the staff…

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**Would you change anything about the program?**

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**Would you be likely to visit the Saskatchewan Sports Hall of Fame in person once we re-open?**

* Yes \_\_\_
* No \_\_\_
* If No why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What made you decide to tune in to the Hall of Fame and our virtual summer program?**

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The grant the SSHF received to run this program asks for the following information from our participants. If there are any questions you prefer not to answer, please just leave them blank.

1. Number of participants in your group \_\_\_\_\_\_\_\_\_\_
2. Age of participants (please insert # of each) 0-3 \_\_\_\_\_\_\_\_\_\_ 4-6 \_\_\_\_\_\_\_\_\_\_ 7-12\_\_\_\_\_\_\_\_\_\_ 12+ \_\_\_\_\_\_\_\_\_\_
3. Demographics of participants Indigenous youth \_\_\_\_\_\_\_\_\_\_ Newcomers to Canada \_\_\_\_\_\_\_\_\_\_

Intellectual/cognitive disabilities \_\_\_\_\_\_\_\_\_

Physical disabilities \_\_\_\_\_\_\_\_\_\_

At risk youth \_\_\_\_\_\_\_\_\_\_

1. What is your postal code? \_\_\_\_\_\_\_\_\_\_\_\_

Thank you for filling out our evaluation so we can make this summer program even better in future years.

Have a great rest of the summer and we hope you come back to visit the Hall of Fame once we are open again!

**Saskatchewan Sports Hall of Fame  
2205 Victoria Avenue Regina, Saskatchewan S4P 0S4  
Phone: 306.780.9232 Fax: 306.780.9427 E-mail: sshfm@sasktel.net**