Evaluation Form for Young People

Name: _______________________________

Age: ________

Activity: _____________________________ Date: _________________

1. Did you think the activity was…. (please circle)

- Boring
- Ok
- Good
- Excellent

2. Did you get involved with the activity? (please tick one)

- As much as I could
- A lot
- Only a bit
- I couldn’t be bothered

3. Do you think you learnt something new? (Please circle one)

- A lot
- A bit
- Nothing

4. Write what you enjoyed most about the activity? (comment)

5. What activities would you like to attend in the future? (comment)

6. Please tick which activities you would be interested in doing/learning at Beyond Limits?

**Sports**

- Basketball
- Girls Netball
- Football
- Cricket
- Athletics
- Table Tennis
- Trampoline
- Squash
- Swimming
- Martial Arts
- Badminton
- Tennis

PLEASE TURN OVER
Theatre

- Musical
- Comedy
- Thriller
- Historical
- Romantic
- Adventure
- Action
- Autobiography

Arts and Crafts

- Textile
- Paper
- Decorative
- Fashion

Trips and Outings

- Cinema
- Museum
- Camping
- Residential
- Theme Parks
- Picnic

Key Skills

- Cooking
- Budgeting
- Healthy Eating
- Safe Sex

7. Any other comments?

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Thank you for taking the time to complete the form – please return it to
Shana