



SMILE SUMMER CAMP FEEDBACK FORM

1. Were you satisfied with the hours of the camp 9-3?
 - a. Yes, I was happy with the hours
 - b. I would have changed the hours (please explain)

2. Were you satisfied with the days of the camp Monday through Friday?
 - a. Yes, I was happy with Monday through Friday.
 - b. No, I would have changed the days of the Camp (please explain)

3. Were you satisfied with the activities the camp participated in?
 - a. Yes, I was satisfied with all activities.
 - b. No (please explain) _____

4. Were you satisfied with the staff to client ratio of the camp?
 - a. Yes
 - b. No (please explain) _____

5. Do you feel that the cost of the camp was acceptable?
 - a. Yes
 - b. No, (please explain) _____

6. Overall, do you feel that Smile Summer Camp was a positive experience for your child? _____

7. Any suggestions for next year or comments:

