

## 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

**Theatre**

- |                                   |                                    |                                   |  |
|-----------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Musical  | <input type="checkbox"/> Comedy    | <input type="checkbox"/> Thriller | <input type="checkbox"/> Historical    |
| <input type="checkbox"/> Romantic | <input type="checkbox"/> Adventure | <input type="checkbox"/> Action   | <input type="checkbox"/> Autobiography |

**Arts and Crafts**

- |                                  |                                |                                     |                                  |
|----------------------------------|--------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Textile | <input type="checkbox"/> Paper | <input type="checkbox"/> Decorative | <input type="checkbox"/> Fashion |
|----------------------------------|--------------------------------|-------------------------------------|----------------------------------|

**Trips and Outings**

- |                                      |                                 |                                  |                                      |
|--------------------------------------|---------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Cinema      | <input type="checkbox"/> Museum | <input type="checkbox"/> Camping | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Theme Parks | <input type="checkbox"/> Picnic |                                  |                                      |

**Key Skills**

- |                                  |                                    |   |                                   |
|----------------------------------|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Healthy Eating | <input type="checkbox"/> 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**