



WE'RE HERE FOR YOU GYMNASTICS PROGRAM EVALUATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Evaluations are a valuable tool used to measure participant satisfaction, personal impact, and our ability to meet program objectives. Results of these evaluations help us make important decisions. We thank you for your time and participation. Give us your feedback and get a chance for \$25.00 in Y bucks!



Name: _____
(First) (Last)

Individual Impact

Y programs aim to nurture several areas that are critical to well-being. As a result of your participation in the program, please rate whether or not the following statements are true.

	Yes	No	N/A
My child gained confidence because he/she learned something new, attained a goal, or developed a new skill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child felt a sense of belonging and made a connection to an individual, group, or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child practiced positive healthy habits such as physical activity or healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child had fun participating in this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child felt physically and emotionally safe at the Y.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child learned or demonstrated positive values such as caring, honesty, respect, and responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child had the connection to and support of a positive staff member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked 'no' for any of these areas, please let us know how we can turn it into a 'yes' next time?

Program Outcomes

Each program at the Y has specific activities and outcomes. Please let us know if you feel the following goals were achieved.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Personal Safety: Gymnast increased level of safety in the gym by following rules, safety precautions and gaining knowledge of the sport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Growth: Gymnast increased personal skills such as problem solving, communication, teamwork, leadership, or self-confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill Development: Gymnastics skills were improved or developed while participating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships: Gymnast built a relationship with a positive adult role model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain some reasons as to why you checked the boxes you did:

Overall Satisfaction

	Excellent	Good	Fair	Poor	N/A
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of class for the price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff's courtesy and responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program schedule (days and times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication regarding the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does your family attend the Y programs or activities:

- Once a week 2-4 times a week 5-7 times a week Every other week

Would you enroll in this program again? Yes No

Would you recommend it to others? Yes No

Would you be interested in volunteering or contributing to the Annual Strong Kids Campaign? Yes No

Please tell us a favorite memory or success story!
