

SUMMERCAMP EVALUATIONS: LEADER



Name: _____
Age: _____
Country: _____
Location of your camp: _____
Theme: _____
Year: _____

Are you taking part to a
CISV program for the 1st time yes no
Summer Camp for the 1st time yes no

I HAD TRAINING AT...

My home chapter

National Level

International Level

WHAT HAPPENED BEFORE CAMP?

Training. Did you get it? Where? Was it useful? What was missing in it?

Two words about the pre camps.

Was there enough information for you to prepare for camp? Comments.

Did you have enough time to prepare with your delegation? Any problems?

Did the staff prepare a nice Leaders' weekend for you? Could you set a common starting point for Camp?

WHAT HAPPENED DURING CAMP?

	<i>Good</i>	<i>Ok</i>	<i>Not so Good</i>
Campsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Comments:

Did the Cultural Activities prepared by each delegation help you developing/discussing the Camp Theme? How? Did people learn something out of them?

Were Camp Goals reached in your three weeks? Classify from 1 (min) to 5. (max) 1 2 3 4 5

What was missing?

How did you feel facilitating planning groups? Easy? Hard? Any super-wonderful activity out of them?

Were rules and safety requirements discussed and followed? Yes No

GROUP INTERACTION:

Leaders/Leaders	<i>Perfect!!</i>	<i>Almost Perfect</i>	<i>Ok</i>	<i>Not so Good</i>
Leaders/Staff	<i>Perfect!!</i>	<i>Almost Perfect</i>	<i>Ok</i>	<i>Not so Good</i>
Adults/Youth	<i>Perfect!!</i>	<i>Almost Perfect</i>	<i>Ok</i>	<i>Not so Good</i>
Youth/Youth	<i>Perfect!!</i>	<i>Almost Perfect</i>	<i>Ok</i>	<i>Not so Good</i>

Comments: _____

CIRCLE THE CHARACTERISTICS OF YOUR STAFF. CIRCLE AS MANY AS YOU LIKE



- | | | |
|----------|-------------------|-------------------|
| HELPFUL | PART OF THE GROUP | TALKS TOO MUCH |
| FUN | ORGANIZED | STRICT |
| DOMINANT | WELL PREPARED | TOO BUSY TO SHARE |
| STRESSED | RESPONSIBLE | QUIET |
| TRAINED | LOUD | EASY TO TALK TO |

Comments: _____

Camp Theme. Was it used? Did you or your delegation learn something out of it?

What did you expect from the camp?

Were your expectations met? Why? Why not?

What did you like the most about your camp?

What did you like least about the camp?

Name Staffs and/or Leaders you would recommend to be Staff for the Future!

Further Comments: (Please add anything that you want to comment on and/or what you think might help us develop Summer Camp program)

