



# PHASE 1 EVALUATION

## WE NEED YOUR FEEDBACK!

Sharing your thoughts can help improve our program and objectives. Upon completing Phase One, please fill out the following survey, scan and email it to your Program Coordinator, or fax it to (416) 531-0325.

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Filling out Survey: \_\_\_\_\_

Name of Program Coordinator : \_\_\_\_\_

1. Have you noticed a difference in the amount of interaction between students with and without intellectual disabilities? If yes, please explain. YES / NO

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2. Have you had any issues with engagement and commitment from participants? If yes, how have you dealt with them? YES / NO

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3. In general, were the activities well received by the participants? YES / NO

4. Did you have to make any additional modifications to any activities in the guide? If yes, please explain. YES / NO

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5. Fill in the blank

a. My favourite activity from Phase One was \_\_\_\_\_

b. My least favourite activity from Phase One was \_\_\_\_\_

6. How have you been using the Activity Guide? (Circle your answer)

- a) Verbatim
- b) Mostly verbatim with a few changes
- c) Not following weekly schedule, but picking and choosing games from the guide as I go

**i) If you answered a) or b) to the question above, please answer the following question:**

Have the activities in Phase One been effective at getting participants to know each other?

If no, please explain. YES / NO

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**ii) If you answered c) to Question Six, please answer the following questions:**

Which activities have you done? Please list all.

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7. Is there a specific reason why you chose not to follow the activity guide?

If yes, please explain. YES / NO

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8. Have you been in regular contact with your Best Buddies staff? YES / NO

9. How can Best Buddies help you deliver this program to your students?

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**ADDITIONAL COMMENTS:**

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**THANK YOU!**