



PHASE 2 EVALUATION

WE NEED YOUR FEEDBACK!

Sharing your thoughts can help improve our program and objectives. Upon completing PHASE TWO, 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

2. Are participants fully engaged and committed?
If no, how can Best Buddies help? YES / NO

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

5. Fill in the blank

a. My favourite activity from Phase Two was _____

b. My least favourite activity from Phase Two 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 Two been effective at getting participants to know each other?
If no, please explain. YES / NO

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

Which activities have you done? Please list all.

ADDITIONAL COMMENTS:

THANK YOU!