

# Annual Participant Survey

## Participant Information

Name

Age

Grade / Year in School

Email or Phone

## Program Experience

How long have you participated in our program?

Which program activities did you participate in this year? (Select all that apply)

- ☐
- ☐
- ☐
- ☐

## Your Feedback

How much do you enjoy the program?

- ☐
- ☐
- ☐
- ☐
- ☐

What is one thing you learned this year?

What do you like best about the program?

How can we improve?

Would you recommend this program to a friend?

- ☐
- ☐