

Nonprofit Program Impact Assessment Survey

Participant Information

Full Name

Email

Age

Location (City, State)

Program Participation

Which program(s) did you participate in?

How long have you been involved with the program?

Program Impact

What benefits have you received from the program?

Were there any challenges you faced during your participation?

Have you noticed any changes in your life as a result of the program?

Suggestions for improving the program

Additional Comments

Please share any additional feedback or comments