

Youth Participant Feedback Survey

Basic Information

Name

Age

Email

Workshop or Program Attended

Program Name

Date Attended

Feedback

How satisfied were you with the program?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you enjoy most?

What would you like to see improved?

Would you recommend this program to others?

☐ Yes ☐ No

Additional Comments

