



WALTER ELWOOD

OF THE MOHAWK VALLEY

MUSEUM

AT THE RAO CENTER

100 CHURCH STREET AMSTERDAM, NY 12010
(518) 843-5151 (518) 843-6098 (FAX) WALTERELWOODMUSEUM.ORG
FEDERAL TAX ID #22-2380788

CAMP EVALUATION FORM

Camp Attended: Fall Winter Spring MLK Summer

1. Camp Facilities:

How did you find the facilities (classroom, restrooms, etc?)

Very Good Good Average Needs attention

Comments: _____

2. Program Activities:

How would you rate the activities presented during the program your child attended?

Very Good Good Average Needs attention

Comments: _____

3. Staff:

How would you rate your experience with our Camp, Museum Staff & Instructors?

Very Good Good Average Needs attention

Comments: _____

4. Cleanliness:

How would you rate the hygiene/cleanliness of our facilities (Entry area, classroom, bathroom, and museum?)

Very Good Good Average Needs attention

Comments: _____

Continued on other side...

5. Presentation:

Overall how would you rate our Camp lesson and related art activities presentation?

Very Good Good Average Needs attention

Suggestions:

6. Safety:

Did you feel that all activities were conducted in a safe manner?

Very Safe Adequate (please detail below) More care required (please detail below)

7. Do you believe your child had a good time?

Comments: _____

8. What about the camp experience do you think was most valuable for your child?

9. Will you send your child back to our next camp? Yes No

10. How could we improve our Camps:

Please submit your form by Email: director@walterelwoodmuseum.org, Fax: 518-843-6098 or you can drop off in our mailbox located outside our building