

Eagle Mount Program Evaluation

Please take a few minutes to assess the program(s) you were involved in. Please be HONEST. Our program directors report back to the Eagle Mount office on a regular basis concerning their programs, but sometimes their opinion of how the program is running is not the same as our volunteers or participants. Many people are afraid to let us know what their concerns are which does not help us in the long run, so please... give it your all when you fill this out! We accept anonymous or signed evaluations. All responses are kept confidential and only used for the purposes of improving our programs! Please feel free to write on the back if needed.

This form can be copied or downloaded from our website, www.eaglemount.net, if you need more than one.

PROGRAMS (Please circle the program you are filling this evaluation out on)

Horsemanship	Rafting	Skiing	Summer Fun Days	Bowling	Pontoon Boat
Gymnastics	Karate	Tippy Toes	Friday Night Out	Other: _____	

I AM A: ___ Volunteer ___ Participant Today's Date: _____

Please rate on a number scale, with 5 being excellent and 1 being needs improvement. If the question does not apply to you or the program you have circled above, just circle N/A. Any comments are encouraged!

1. Program is pleasant, enthusiastic & energetic. ___ N/A
 Comments: _____
2. Was the program safe and did it meet your expectations? ___ N/A
 Comments: _____
3. Was the facility where the program was held safe and did it meet your expectations? ___ N/A
 Comments: _____
4. Was the program offered at convenient times and days of the week? ___ N/A
 Comments: _____
5. Was the staff knowledgeable with the participant's special needs? ___ N/A
 Comments: _____
6. Was the program training or orientation adequate? ___ N/A
 Comments: _____
7. Please rate the communication between the program staff and you? ___ N/A
 Comments: _____
8. Was the staff considerate of your time and talents? ___ N/A
 Comments: _____
9. How useful did you feel to the program? ___ N/A
 Comments: _____
10. Did you have any safety issues or concerns with ANY animals, staff, or volunteers? ___ N/A
 If yes, please explain: _____
10. Overall, how would you rate your experience in this Eagle Mount program? ___ N/A
 Comments: _____
11. Will you continue to attend or help out in this program? YES NO N/A
 If no, why are you leaving (check all that apply)
 ___ Communication inadequate
 ___ Moving to a new location
 ___ Need a change
 ___ Didn't like the program
 ___ Didn't feel well utilized
 ___ Other time commitments
 ___ Other: _____
 If your concerns were met would you consider coming again next year? YES NO N/A
 Comments: _____
12. In what way can Eagle Mount better serve you? _____

Thank you for your time! Please return this form to: Eagle Mount, P.O. Box 2866, Great Falls, MT 59403.