



# Camp Feedback



**Dear Parent or Guardian:**

At Rainbow, we value your feedback. Please help us improve our program by indicating how much you agree or disagree with the following statements. Leaving your name is optional.

Area of service	Quality Rating					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know
<b>Rainbow's Summer Camp <u>Program</u>:</b>						
Provides creative, active and varied opportunities for <i>play</i>						
Encourages the full <i>participation</i> of my child						
Supports my child in developing <i>friendships</i> and embracing diversity						
Provides <i>caring adults</i> that foster a sense of belonging and security						
Challenges my child to <i>master</i> skills or build new ones						
<b>Rainbow <u>Camp Staff</u> :</b>						
Demonstrate caring and sensitivity towards all children						
Provide a safe and welcoming environment, where every child belongs						
Show genuine interest for my child						
<b>Overall, on a scale of 1 – 10 (with 1 being the lowest score and 10 being the highest score)</b>						
We would rate the summer camp <u>program</u> as:						
We would rate the camp <u>staff</u> as:						
We would rate our <u>overall experience</u> at Rainbow Day Camp this summer as:						

**Was there one (or more) camp staff that stood out for you and your child? If so, please elaborate:**

\_\_\_\_\_

**Where did you hear about Rainbow Day Camp?**

\_\_\_\_\_

**Will you consider returning to Rainbow next summer?**

\_\_\_\_\_

**More comments?** We welcome your feedback and suggestions.

\_\_\_\_\_

\_\_\_\_\_

Would you like us to follow up regarding your child's camp experience?  Yes Please  No Need

**If yes,** Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Camp Week(s): \_\_\_\_\_ Counsellor: \_\_\_\_\_

Thank you for participating in our camp survey!