**Parent/Carer**

**Feedback Form**

Thank you taking for the time to complete this form

**Please circle relevant camp: Mountain Camp Coastal Camp Forest Camp**

**What did we do well in the run up to and at the camp?**

**What would you like to see improved?**

**How would you rate the information you received from us before the camp, including travel arrangements, contact details, camp information etc?** Please circle the number that applies;

 **5 4 3 2 1**

Excellent Poor

**Was taking part in the camp a positive experience for your child?** Please circle the number that applies;

**5 4 3 2 1**

Yes very much  No not at all

If you would like to tell us more about this, please do so here…

**Parent/Carer Pg 1**

|  |
| --- |
| **Below is a list of our overall programme aims. Please tick how much the programme is helping your child develop in the different areas;** |
| **We aim to help young people:** | **Yes it’s really helping a lot** | **Quite a lot** | **A small amount** | **No it’s not helping at all** | **I don’t think this is relevant to my child** |
| **1.** Become more confident and believe in themselves |  |  |  |  |  |
| **2.** Become more resilient |  |  |  |  |  |
| **3.** Learn to take responsibility, make good choices and take ownership of their decisions |  |  |  |  |  |
| **4.** Improve their social and communication skills, become better at working with others |  |  |  |  |  |
| **5.** Learn to challenge themselves |  |  |  |  |  |
| **6.** Gain a broader outlook through new experiences |  |  |  |  |  |

**Please tell us about any changes or developments you’ve seen in your child since they returned from the camp;**

**Is there anything else you would like to say?**

**Would you recommend The Youth Adventure Trust Programme to others?** Please circle your answer;

 **Yes No**

**Thank you taking the time to complete this form Parent/Carer Pg 1**

**Young Person**

**Feedback Form**

Thank you for taking the time to complete this form

**Please circle relevant camp: Mountain Camp Coastal Camp Forest Camp**

**Overall how would you rate your time at the camp?** Please circle the number that applies;

 **5 4 3 2 1**

Excellent Quite good Okay Not that good Poor

**What was the best thing about the camp?**

**What would have made it better?**

|  |
| --- |
| **Below is a list of some of the things we hope the Youth Adventure Programme will help you with. Please tick how much the camp helped you in the different areas;**  |
|  | **It really helped me a lot**  | **It helped me quite a lot** | **It helped me a little bit** | **It didn’t help me at all** |
| **1.** Becoming more confident, believing in yourself |  |  |  |  |
| **2.** Becoming more resilient - being able to keep going, or bounce back, even when there are tough times |  |  |  |  |
| **3.** Making good choices and taking responsibility for yourself |  |  |  |  |
| **4.** Getting on with other people, working in a team |  |  |  |  |
| **5.** Challenging yourself, doing more than you thought you could |  |  |  |  |
| **6.** Enjoying new experiences, new places, meeting different peopl |  |  |  |  |

**Young person’s Pg 1**

**What was your biggest achievement at the camp? What are you most proud of?**

**What would you say is the biggest difference in you after your time at camp?**

**Is there anything else you would like to say?**

**Would you recommend The Youth Adventure Trust Programme to other young people?** Please circle your answer;

 **Yes No**

**Thank you taking the time to complete this form**

**Young person’s Pg 2**