



## Out of School Time (OST): Enrichment Overlay

### *Youth Feedback Form*

What is the name of your center? \_\_\_\_\_

What is your coach's name? \_\_\_\_\_

Please answer YES or NO by darkening the circle next to each of the following questions:

|   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| 1. Did you feel respected by the teacher during the classes?                            | <input type="radio"/> | <input type="radio"/> |
| 2. Did you feel your opinion mattered during the classes?                               | <input type="radio"/> | <input type="radio"/> |
| 3. Did the teacher make the classes fun?  | <input type="radio"/> | <input type="radio"/> |
| 4. Did your camp coach talk about the classes during other activities outside of class? | <input type="radio"/> | <input type="radio"/> |
| 5. Do you feel like you learned something new after taking these classes?               | <input type="radio"/> | <input type="radio"/> |
| 6. Do you feel you will make better choices because of the classes?                     | <input type="radio"/> | <input type="radio"/> |
| 7. Would like to take a higher level of this class in the future?                       | <input type="radio"/> | <input type="radio"/> |

8. If you would like to tell us more about your experience in the classes, please do so here:

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***Thank you for your feedback!***

