

UNITED STATES ADAPTIVE RECREATION CENTER PARTICIPANT EVALUATION

Date: _____ Age: _____ Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> LGBT Disability: _____	Rating Scale (please check one)			
	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
1. The staff was knowledgeable about my disability.				
2. This experience motivates me to become more physically active and less likely to become overweight or obese.				
3. This experience makes me more receptive to social interaction with others outside my peer group.				
4. The success experienced at USARC can be applied to my professional, academic and personal life pursuits.				
5. This experience taught me there are healthy outdoor leisure options available and accessible to me rather than unhealthy ones.				
6. This experience has increased my self confidence.				
7. This experienced has improved my quality of life.				
8. A larger program building would improve access and service.				

Please help us by completing these comments (use the back of the page if needed.)

1. Have you ever participated in USARC programs before? Y N

2. How will the skills you learned today help you achieve greater success in your work, school or everyday life challenges?

3. Please list any additional suggestions to improve/enhance our programs.

4. Please provide a meaningful comment about your USARC experience that we may use for promotional and funding purposes. We really appreciate it!

5. Will you participate in a USARC program in the future? Y N

Thank you for completing this evaluation. We hope to serve you again

Please turn in this form at the USARC office or mail/email to:
 USARC / P.O. Box 2897 / Big Bear Lake, CA 92315 / mail@usarc.org