

CAMP HOWE

A camp for all youth!

Camp Howe
 P.O. Box 326
 Goshen, MA 01032
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www.camphowe.com
 413-268-7635

Dear Parent,

We thank you in advance for completing and returning the camp evaluation. We appreciate any feedback that will assist us improving the camping experience both for your child and future campers. Please do not hesitate to contact us, if you would like to discuss any matter in greater detail.

Camper's Name: _____ Age: _____

Dates Attended: _____

Circle program(s) attended: Day OR Overnight Teen OR Junior ECHO

From your knowledge and what your child has told you please rate the following.

	Excellent	Good	Fair	Poor	Not Applicable	Comments
Usefulness of Camp Brochure						
Accuracy of promotion						
Initial contact with the camp						
Registration process						
Information packet sent after registering						
Check In and Out Process						
Organization camp						
Quality of programs						
Variety of activities						
Helpfulness of Camp Staff						
Quality of staff						
Care given to your child						
Variety and quality of meals						
Communication with camp during session						
Condition of Facility						
Living Quarters						
Health and safety standards						
Value for cost						
Did your campers experience live up to your expectation						
Did your campers experience live up to your campers expectation						
Overall rating of Camp Howe						

What did your child like best?

What did your child like least?

What would you like to see changed at Camp Howe:

Please compare your child's behavior, attitude and beliefs before and after camp and rate the following

	Significant Change	Some Change	No Change	Comments
Has greater appreciate for the outdoors				
Is more responsible and helpful				
Is more confident				
Does better with group living skills				
Develop new skills				
Has more willingness to try new things				
Takes care of his/her own things				
Has increased self-esteem				
More independent				
Skills to take care of self				
Gained Knowledge about new subjects				
Ability to talk about things important to them				
Takes leadership roles				
Accepts differences in others				
Adapts to change				

Will you send your child to Camp Howe next year Yes No

I would be willing to serve as a reference for Camp Howe to new families Yes No

I would be interested in joining the Board of Directors of Camp Howe Yes No

I would be interested in volunteering at Camp Howe Yes No

- Joining a committee such as facility, finance, program
- Spring and Fall clean up days
- Other. Please list: _____

Your Name: _____ Date: _____

Thank you for your time and efforts to help us make Camp Howe better!! If there is extra information and things you think we should know please attach additional sheets as needed.