

**SKILL BUILDING ACTIVITY EVALUATION FORM**



Either the parent, guardian or scholarship recipient should complete Part I of this form. The facilitator/instructor of the activity or the recipient's teacher/counselor should complete Part II.

**This form must be completed and returned within 7 days after completion of the activity or the recipient will not be considered for any other scholarships or grants.**

Please print.

**Part I**

Recipient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Activity Attended: \_\_\_\_\_ Activity's Dates: \_\_\_\_\_

Circle the correct response. If the appropriate choice is not listed, please write your response on the line denoted as "Other."

1. How many sessions were offered?      1      2      3      Other \_\_\_\_\_

2. How many sessions did the recipient attend?      1      2      3      Other \_\_\_\_\_

3. Why was this particular activity chosen?

To improve motor skills      To improve social skills      To improve academic skills

To enhance self-esteem Other \_\_\_\_\_

4. Did the activity improve the skills that you circled in Question 3?      Yes      No

5. Were there any other benefits derived from the activity?      Yes      No

If you answered yes, please list the other benefits. \_\_\_\_\_

6. Would you recommend this activity to others?      Yes      No

**Part II** (The instructor, facilitator, teacher or counselor is to complete this section)

Were there measurable outcomes from the recipient's participation in the activity?

Yes      No

If you answered yes, please list them. If you answered no, why weren't there any measurable outcomes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_