

SKILL BUILDING ACTIVITY EVALUATION FORM

Southfield High School A&T
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THE PARENT/GUARDIAN SHOULD COMPLETE THIS FORM. THIS FORM MUST BE COMPLETED AND RETURNED 30 DAYS AFTER THE END OF THE PROGRAM ACTIVITY. FAILURE TO DO SO WILL RESULT IN THE RECIPIENT NOT BEING CONSIDERED FOR FUTURE SCHOLARSHIPS OR GRANTS.

SUBMIT EVALUATIONS BY EMAIL OR VIA WEBSITE ONLY WITHIN 30 DAYS AFTER COMPLETION OF THE ACTIVITY/EVENT.

EMAIL AT secretary@sfyouthassistance.org

PLEASE PRINT

Student's Name: _____ Age: _____

Address: _____

School: _____

Grade: _____ Parent/Guardian's Name: _____

Program Attended: _____ Program 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 student learn useful skills from the activity? Yes No

5. If so, how will the student use these skills? _____

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

Signature: _____ Date: _____