

SKILL BUILDING ACTIVITY EVALUATION FORM



Either the parent, guardian, or scholarship recipient should complete Part 1 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 other scholarships or grants.**

Please Print

**Part I. How did this activity impact your child and/or family? Please provide additional comments on back.**

Recipient’s Name \_\_\_\_\_ Age: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Parent’s Name: \_\_\_\_\_

Activity Attended \_\_\_\_\_ Activity Date: \_\_\_\_\_

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 other benefits \_\_\_\_\_

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

**Part II.** This section is to be completed by the instructor, facilitator, teacher or counselor.

Were there measurable outcomes from the recipient’s participation in the activity? Yes No  
If yes, please list them. If no, please describe any changes or progress that you observed during the activity.

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

Instructor, facilitator, teacher or counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use back to write any additional comments

THANK YOU!