Turning Point Corporate Office
403 Pacific Ave
Terrell, TX 75160

PARTICIPANT EVALUATION

Program_____ Date_____ Site/Location:_____ Chapter_____

Turning Point: Member___ Volunteer___ Family___ Non-Member___

Age: under 16___ 16-21___ 22-35___ 36-50___ over 50___

Disability: SCI___ Amp___ Spina B.___ Mult.Sc.___ Musc D.___ C.P.___ Other_____

Date of Disability:_____ Male___ Female___

Race: African Am.___ Asian___ Cauc___ Hisp___ Native Am___ Other_____

First Turning Point Program? Yes___ No___

How did you hear about this program?_____

Rate on scale of 1 – 5 1 being the lowest – 5 being the highest

I enjoyed the program	1	2	3	4	5
I benefited from my participation in this program	1	2	3	4	5
I will continue to participate in programs of this type	1	2	3	4	5
I was interested in this type of activities prior to this program	1	2	3	4	5
I am more interested in these activities after participating in this program	1	2	3	4	5
The leader positively affected my participation	1	2	3	4	5
The adaptive equipment provided worked properly and met my needs	1	2	3	4	5
The site was accessible	1	2	3	4	5

1. **What was the best part of the day/event/activity?**_____

_____

2. **What would you like to change about this event?**_____

_____

3. **What other comments or suggestions do you have?**_____

_____

4. **If you enjoyed this program, please make a statement that we might use for future promotions:**

_____

_____

_____

Name:_____ **E-Mail:**_____

Address:_____ **Phone:**_____