

CUB SCOUT DAY CAMP EXIT SURVEY

FOR EACH QUESTION, PLEASE CHECK ONE ANSWER WITH A PENCIL OR PEN.

1. How long have you been in Scouting? (CHECK ONE BOX.)

- | | |
|--|--|
| <input type="checkbox"/> 1 First year | <input type="checkbox"/> 3 Third year |
| <input type="checkbox"/> 2 Second year | <input type="checkbox"/> 4 Fourth year |

2. Are you a... (CHECK ONE BOX.)

- | | | | |
|--------------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> 1 Tiger Cub | <input type="checkbox"/> 2 Wolf | <input type="checkbox"/> 3 Bear | <input type="checkbox"/> 4 Webelos Scout |
|--------------------------------------|---------------------------------|---------------------------------|--|

3. How would you rate the camp overall? (CHECK ONE BOX.)

- | | | | |
|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1 Excellent | <input type="checkbox"/> 2 Good | <input type="checkbox"/> 3 Fair | <input type="checkbox"/> 4 Poor |
|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|

4. Now rate the day camp on the following items below. (PLEASE CHECK "GREAT," "OK," OR "NOT GOOD" FOR EACH.)

- | | | | |
|---|----------------------------------|-------------------------------|-------------------------------------|
| A. The activities..... | <input type="checkbox"/> 1 GREAT | <input type="checkbox"/> 2 OK | <input type="checkbox"/> 3 NOT GOOD |
| B. The adult leaders..... | <input type="checkbox"/> 1 GREAT | <input type="checkbox"/> 2 OK | <input type="checkbox"/> 3 NOT GOOD |
| C. Chances to learn to do new things..... | <input type="checkbox"/> 1 GREAT | <input type="checkbox"/> 2 OK | <input type="checkbox"/> 3 NOT GOOD |
| D. Chances to make new friends..... | <input type="checkbox"/> 1 GREAT | <input type="checkbox"/> 2 OK | <input type="checkbox"/> 3 NOT GOOD |
| E. Being outdoors..... | <input type="checkbox"/> 1 GREAT | <input type="checkbox"/> 2 OK | <input type="checkbox"/> 3 NOT GOOD |

5. Overall, was camp more fun, less fun, or about the same as you thought it would be? (CHECK ONE BOX.)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 More fun than I expected | <input type="checkbox"/> 2 Less fun than I expected | <input type="checkbox"/> 3 About what I expected |
|---|---|--|

6. Do you plan to go to camp again next year? (CHECK ONE BOX.)

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No |
|--------------------------------|-------------------------------|

7. Do you plan to stay in Scouting next year? (CHECK ONE BOX.)

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No |
|--------------------------------|-------------------------------|

Thank you!