



Kelleys Island 4-H Camp

Evaluation Form

Erie County 4-H Camp
403 Ward Road
Kelleys Island, Ohio 43438
t. 419-746-2794 f. 419-746-2434

Please take a few minutes to complete this form. By doing so you will help us provide excellent quality for your camping future!

1) Staff: Courteous and helpful?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

2) Staff: Flexible and met needs?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

3) Staff: Reliable and cooperative?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

4) Physical Facilities: Properly maintained/clean and neat?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

5) Maintenance Work: Completed promptly/efficiently?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

6) Cooking Staff: Efficient/met scheduled meal times?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

7) Food: Good preparation, quantity and quality?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

8) Crafts: Suited campers interests and abilities?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

9) Waterfront: Well maintained/lifeguards efficient?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

10) Nature Study: Age appropriate/interesting?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

11) Communication: Between your Staff and the Erie County Staff and Director.

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

12) Director: Helpful/knowledgeable?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

13) Nurses station: Well stocked?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

14) Emergencies: Handled Professionally/Efficiently?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

15) Canteen: Inventory goods/operation and times acceptable?

Not Applicable Strongly Agree Agree Disagree Strongly Disagree

16) Overall, how do you feel about this year's camping experience?

17) Improvements/suggestions/changes we can make to improve?

18) Program areas/improvements or changes?

Thank you for taking time to complete this form. With your kind suggestions we hope to make improvements in order to provide the experience every camper should expect and deserves to have!

Dale Lybarger
Executive Director
Erie County 4-H Camp, Inc.

Your Camp Name: _____

Director: _____

Date of Camp: _____