



Program EXIT Physical Activity Evaluation

Physical Activity Programming for Children and Youth with Special Needs

Name of Instructor: _____

Date: ___/___/___

Name of Participant: _____

End of Program Ht: _____Ft. _____Inches

End of Program Wt of participant: _____lbs

	Strongly Agree	Agree	No Change	Disagree	Strongly Disagree
Participant benefited socially from interaction with instructor	1	2	3	4	5
Participant benefited physically from instruction with the instructor	1	2	3	4	5
Participant benefited emotionally from interaction with the instructor	1	2	3	4	5
Participant showed a sign of improvement in behavior from interaction with their instructor in beginning of program to the end of the program	1	2	3	4	5
Participant showed improvement in the area in which they received assistance	1	2	3	4	5
Participant benefited emotionally, socially, physically, and intellectually from 1 the program they participated in	1	2	3	4	5
Participant showed improvement in understanding physical activity from instruction	1	2	3	4	5
Participant showed improvement in understanding physical activity from instruction of program, (i.e., soccer at YMCA)	1	2	3	4	5

Please add any comments you would like to share regarding your child's progress associated with "Empowered to Play, LLC ~ Physical Activity Program".

Have you noticed any improvement's in your child's physical ability?

Please indicate any positive comments or concerns regarding this program.

Please describe the most rewarding experience you encountered with the Empowered to Play, LLC ~ Physical Activity Program.

Please explain any changes/suggestions you would like to add to help make this program more beneficial to future participants.
