Parent Participation Survey

Please help Youth Odyssey evaluate their programming by answering the following questions. The information is kept confidential. Please return in the envelope provided.

1. Do you feel your child's participation in Youth Odyssey has made a positive impact? If yes, how?

2. Do you feel your child learned any skills (i.e. leadership, communication, trust, self-confidence, etc) during a Youth Odyssey Program? If yes, what kind?

3. Would you want your child to participate in another Youth Odyssey Program?

4. Is there anything else you would like us to know?

OPTIONAL

Youth's name_____ School Program_____