



EVALUATION FORM

Adventure Type: (circle one) Backpack | Climb | Orienteer | Bike | Snowshoe

Event Date ___/___/___ Start/ Finish Time ___ - ___ Location _____

Number of Participants _____ Weather Conditions _____

Lead Adventure Guide _____ Assistant Adventure Guide _____

Technician (if applicable) _____

Describe one highlight from today's adventure: _____

What did not go as well as expected? Why? _____

How did you feel the group responded physically to the activity?

Much Struggle Some Struggle Good Steady Pace Exceeded Expectations

1 2 3 4 5 6 7 8 9 10

How would you describe the overall attitude of the group?

Negative Some Negativity Neutral Positive Very Positive

1 2 3 4 5 6 7 8 9 10

How would you describe the team, Adventure Guides and participants as a whole?

Disjointed Little Bumpy Pretty Good Worked Together Well-Oiled Machine

1 2 3 4 5 6 7 8 9 10

Were there any participants you feel could benefit from an Adventures In Discipleship Course?

Comments: _____
