

Low Ropes Course Participant Evaluation Form

Group Name: _____ Date: _____

Facilitators: _____

Overall, how satisfied were you with the course? _____

Overall, how well did this trip meet your expectations? _____

What activities/elements did you find most useful and satisfying to your group needs? Explain.

What activities/elements did you find least useful and/or dissatisfying to your group needs? Explain. _____

Would you consider using the Ropes Course again? yes no

Would you recommend the Ropes Course to others? yes no