



Dear Summer Camp 2019 Participants and/or Parents:

We have so many wonderful memories of your visits to High Hopes! We hope you enjoyed yourselves at Summer Camp as much as we did;

In an effort to provide you with the best summer camp experience possible, we would appreciate it if you would respond to the questions below and return them to High Hopes.

Please feel free to mail this feedback form to: 36 Town Woods Road Old Lyme, CT 06371, Fax # (860) 434-3723, or E-mail your Comments to scarlson@highhopestr.org

Your Name (optional) _____

Which Camp session did you attend? (Circle One) Session I Session II Session III Session IV Session V

Would you attend Summer Camp again? (Circle One) Yes/ No

What was your favorite part of our inclusive Summer Camp?

What was your least favorite part of our inclusive Summer Camp?

How important was it to you that our programs are inclusive in your selection of our camp for your child

1 2 3 4 5
Non Important Very Important

We would appreciate any additional thoughts or comments you might have:

Do you feel that this camp has fulfilled you/your child's need and expectations?

Yes No (circle one)

Please explain:

Feel free to use the back of this sheet, if necessary.

Thank you so much for taking the time to share your thoughts with us. Your feedback is vital to our growth and helps us plan for a successful summer camp 2020. We hope to see you again next year and send our thanks!

Sincerely,
The High Hopes Staff