

STAFF EVALUATION OF CAMP

GENERAL INFORMATION:

What was your role at camp?

- | | | |
|---|--|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Fellow in Training | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Behavioral Specialist |
| <input type="checkbox"/> Nurse (RN/LPN) | <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Certified Asthma Educator | <input type="checkbox"/> Other _____ |

Was this your first year working at camp? Yes No

What was your general impression of camp? Above Average Average Below Average

Was the daily schedule:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Clearly Communicated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manageable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Well Organized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Was your job description accurate and reasonable?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Were setup procedures clearly communicated and efficient?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Were camp facilities clean, safe and adequate?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Was the overall camp staff friendly and well trained?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Was the program staff helpful in meeting your needs during camp?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Were you satisfied with the food at camp?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you receive enough information about asthma?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you feel comfortable working with the campers?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Were education activities organized, efficient and effective?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did you enjoy your camp experience?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Would you consider working at camp next year?

.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Overall, rate the following:

- | | | | |
|----------------------------|--|----------------------------------|--|
| Staff Orientation/Training | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Asthma Education Program | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Medical Supplies | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Medication Schedule | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Health Care Team | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Camper to Staff Ratio | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Planning/Coordination | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Camping Experience | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |

Please explain any "below average" or "no" answers from above: _____
