

Feedback Form

Age of Member _____

What have you and your member liked most about previous DSP programs he/she has participated in?

What have you and your member liked least about previous DSP programs he/she has participated in?

What activities would your member be interested? (select all that apply)

Movement/Dance

Arts/Crafts

Karate

Music

Sports/Outdoor Activities

Social Groups at Office

Social Groups in Community

Cooking Skills

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What type of programming needs are you and your member looking for? (select all that apply)

- Full-day program
- Half-day program
- Evening program
- Weekend program
- PA Day Program
- March Break Program

Are there specific days of the week that work best for programming? (select all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Please share any other information regarding your feedback!
