

Participant Activity Evaluation Feedback Form

FORM 11: Version 20141006b

Today's Date: _____

Gaming Group: _____

Please circle the best answer for each question.

1. Physical comfort level:

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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2. Facilities cleanliness:

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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3. Facilities overall:

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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4. Gaming materials provisioning (paper, dice, etc):

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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5. Game level of fun overall:

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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6. Effectiveness of Game Master(s):

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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7. Usefulness of hand-out materials (code of conduct, house rules, etc.):

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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8. Did you feel sufficiently included in the activities?

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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9. Overall, how would you rate your gaming experience (circle best answer):

1 = Terrible	2 = Not very good	3 = Ok	4 = Very Good	5 = Excellent
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10. Would you like to come to future sessions? (circle one) yes / no
11. Would you recommend others to attend these sessions? (circle one) yes / no

Comments: _____

addition space for comments on backside of this sheet if desired.