NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YAC Leadership Training Day Evaluation**
\*administer after completion of leadership training

1. On a scale of 1 to 10, how much fun did you have? (circle one)

1(ZERO FUN!) 2 3 4 5 6 7 8 9 10 (loads of fun!)

Why?

1. What were two things you learned about YAC today?
2. Did you feel you were able to share your ideas today? (check one)

\_\_\_ Yes, I was able to share everything I wanted to
\_\_\_Yes, I was able to share most of my ideas

\_\_\_ Yes, but I felt that people were teasing me.
\_\_\_ No, I was too nervous
\_\_\_ No, I couldn’t really think of anything

1. Were you more comfortable talking in the *large group* setting or with *your teams*? (circle one)
2. What was your favorite team-building activity?
Group Walk Follow My Lead “Yes, and…” Hang-up Floatacious Card Game

Why?

1. What was your *least* favorite team-building activity?
Group Walk Follow My Lead “Yes, and…” Hang-up Floatacious Card Game

Why?

1. After today, which area of YAC do you think you will be best at? (circle one)

Service Learning Servant Leadership Youth/Adult Partnership

Why?

1. After today, which area of YAC do you think you will have to work hardest at? (circle one)

Service Learning Servant Leadership Youth/Adult Partnership

Why?

1. For the personal goals you wrote down, which is the one you want to focus on most?

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1. Do you think you will be able to accomplish your personal goal?

1 (never) 2 3 4 5 6 7 8 9 10(definitely!)
Why?