Please take the time to complete an evaluations form for the Adaptive Sport program in which you participated. This information will be used to help make improvements to programming as well as provide support for the Adaptive Sport programs funded by the Sask Lotteries Trust Fund.

PARTICIPANT (YOUTH) Evaluation Form

Ath	nlete Name:					
Clu	ub Name:					
Sp	ort:					
1.	I am better at playing my sport than I was at the start of the season.					
	1 (Strongly Disagre	2 ee)	3	4 (Stro	5 ngly Agree)	
2.	I participate in sports or physical activity					
	less than	1 x a week	1 - 2 times	3 - 4 times	5 or more	
3.	Being involved in sport has helped me be healthy :					
	1	2	3	4	5	
4.	I had fun playing	this sport?				
	1	2	3	4	5	
5. I met new friends playing this sport:						
	1	2	3	4	5	
6.	I would like to try playing more sports or try other physical activities.					
	1	2	3	4	5	
7.	Please tell us anything else you would like to see in this sport program to make it better for					

next season.