Outpost Evaluation

Name of Group(s):				
Outpost Dates:			***	2745
Person that can be con	ntacted concerning tl	his evaluation:		ENS
Name:				
Telephone Num	ber:			
Did contact with U organizational nee		oor Learning Center s	taff prior to your visit	meet your
Excellent	Good	Fair	Poor	
Comments:				
★ Was the equipment	nt properly maintain	ed, cleaned, and adeq	uate for your purposes	?
Excellent	Good	Fair	Poor	
Comments:				
📤 Did you feel that n	necessary precautions	s were taken to make	your outpost experienc	e safe?
Excellent	Good	Fair	Poor	
Comments:				
Did outpost food p	provided by Upham V	Woods adequately ful	fill your needs and expo	ectations?
Excellent	Good	Fair	PoorN	/A
What were your group'	's favorite meals:			
What were your group'	's least favorite meals.	•		
Comments:				

Excellent	Good	Fair	Poor	
Comments:				
How would you rat the outpost staff?	e the educational an	d/or recreation pro	gramming provided to your g	group by
Excellent	Good	Fair	Poor	
Comments:				
★ What is your overa	ll rating of the outpo	st experience?		
	Good		Poor	
Comments:				
▲ Do you have any su	ggestions to improve	e the outpost experi	ience?	
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