

School Sport ACT
Athlete / Parent Evaluation Questionnaire

1. Were you happy with the access & communication you had with the SSACT Team Officials? YES / NO
 2. Were you happy with the support provided by the SSACT Team Officials? YES / NO
 3. If no to either of the above points, what suggestions do you have? _____

 4. Do you believe the travel arrangements were satisfactory? YES / NO
 5. What were the positive aspects of the Exchange / Championships? _____

 6. What were the negative aspects of the Exchange / Championships? _____

 7. What suggestions do you have for improving a students experience during an Exchange or Championship? _____

 8. Do you believe the costs incurred by participants for an Exchange / Championship are too high? YES / NO
If yes, do you have any suggestions on how to make it cheaper? _____

 9. Any other comments you wish to make about the Exchange or Championship?

 10. Sport: _____
 11. Name (optional): _____
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Thank you for your time in helping us to improve the services and experiences we offer ACT School Students.

This questionnaire should be returned to the Team Manager or sent to School Sport ACT (PO Box 43 Higgins ACT 2913; fax 6205 7799).