



Participant Questionnaire

Foundation Course 2009

Thank you for being part of Summer Festival 2009 – We hope you enjoyed it! Please take the time to fill out this short questionnaire as honestly as you can. Your answers will help us make future Summer Festivals even better!

Name **Age** **Male/Female*** (**Delete as applicable*)

Course: **Glasgow** **Aberdeen** **Edinburgh**

Please give us details of any funding you received for Summer Festival 2009. Don't forget to tell us how much you got and where it came from.

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How did you feel about the theme of the course? ("Home")

EXCELLENT GOOD OK POOR VERY POOR

Comments:.....

.....

How did you feel about the rehearsals for your show?

LOVED THEM ENJOYED THEM OK DISLIKED THEM

Comments:.....

.....

How did you feel about the final performance?

LOVED IT ENJOYED IT OK DISLIKED IT

Comments:.....

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(please turn over)

How did you feel about your own performance and your own contribution to the production?

EXCELLENT GOOD OK POOR VERY POOR

Comments:.....
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What was the best thing about the Foundation Course?

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.....

And the worst?

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.....

How would you rate the course for value for money?

EXCELLENT GOOD OK POOR VERY POOR

Comments:.....
.....

What did you gain from being part of Summer Festival 2009?

Comments:.....
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Would you be interested in taking part in Summer Festival again? Yes/No

Comments:.....
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Is there anything you think we should change for future courses?

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Your comments will be used for publicity purposes. If you would prefer your comments not to be included please tick this box:

Many thanks for you feedback! Please return this form to:

Summer Festival Evaluation Forms

Scottish Youth Theatre

The Old Sheriff Court, 105 Brunswick Street, Glasgow, G1 1TF