

Participant Questionnaire

Junior 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** **Edinburgh** **Aberdeen**

I thought the course was:

EXCELLENT GOOD OK NOT MUCH FUN

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

I thought the theme of the course (“Home”) was:

EXCELLENT GOOD OK NOT MUCH FUN

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

I thought the Tutors were:

FRIENDLY OK NOT VERY NICE

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

How did you feel about the final performance?

LOVED IT ENJOYED IT OK DISLIKED IT

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

(please turn over)

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

EXCELLENT

GOOD

OK

POOR

Comments:.....

.....

.....

What did you like most about the course and why?

.....

.....

And what did you like least about the course and why?

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

Comments:.....

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Any other comments?

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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