

Post-Event Feedback Form

We grow by listening. Fill this out after a visit and send it back - your honest feedback shapes the next one.

Visit Information

Facility Name: _____

Visit Date: _____

Activity Type: _____

Submitted By (staff name & role): _____

Quick Rating (1 = poor, 5 = excellent)

Overall resident engagement: 1 2 3 4 5: _____

Quality of activity content: 1 2 3 4 5: _____

Team professionalism & preparedness: 1 2 3 4 5: _____

Communication before the visit: 1 2 3 4 5: _____

Cleanup & departure: 1 2 3 4 5: _____

Written Feedback

What worked well?:

What could we improve?:

Any resident reactions worth sharing?:

Would you welcome us back? (Yes / Not a fit / With changes):

Signature: _____ Date: _____

Printed name: _____ **Title:** _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.