

Service Provider Evaluation Form

Please complete the following questions about the Summer Skill Maintenance programming. Your reflective feedback will contribute greatly towards developing services that best meet the needs of children with disabilities.

Describe the progress the child made towards each of the identified goals:

Goal #1

Goal #2

Goal #3

Goal #4

What activities worked well?

Which activities did not work well?

What skills required more practice?

Did you have what you needed to provide Summer Skills Maintenance programming?
Please circle: Yes / No. If your answer was "no", what did you need?

Are there any changes that you would make to the Summer Skills Maintenance Program? If yes, please describe.

Additional comments