

# Go Girl Evaluation



Location of Go Girls event: \_\_\_\_\_

Date of Go Girl event: \_\_\_\_\_

*How old are you?*

\_\_\_\_\_

*What prevents you from getting involved in physical activities? (check all that apply)*

Lack of time/too busy		Lack of skills	
Don't feel like it		Job	
Troubling health condition		Lack of family support	
Lack of money		Unaware of available programs	
Family commitments		Programs I want are not being offered	
Transportation problems		Lack of facilities	
Too much focus on competitive sports		other	
Lack of energy			

*How do you find out about local youth activities? (check all that apply)*

Friends		Television	
Parents		Websites	
School announcements		Social networking (Facebook, etc.)	
Posters		Radio	
Church/Worship centre			

*What do you think are the top 3 issues facing youth today? (check only 3)*

Education		Drugs/alcohol	
Personal safety/violence		Boredom	
Employment		Stereotypes	
Stress		Self esteem/image	
Racism		Relationships with family	
Peer pressure		Sex	
Relationships with friends		Other	

*Did you enjoy the Go Girl event?*

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*What was your favourite event?*

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*What was your least favourite event?*

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*Would you participate in future events?*

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*Did Go Girl introduce you to an activity you had never tried before? If yes, what activity?*

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*Did Go Girl introduce you to an activity you would like to continue? If so, which one?*

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*Do you think Go Girl is an important event? If so, why?*

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*Anything you would like to see done differently at the Go Girl event?*

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**Thank you for taking the time to fill out this form!**

