



**STUDENT SURVEY**

Camp Location: \_\_\_\_\_

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Goalies Questions**

Questions below to be rated from 1-5 (5 being excellent) or Yes / No or Written Answers

**1** **2** **3** **4** **5**

1) Was the camp run efficiently?

2) How would you rate the following members of our staff?

- a) Head Instructor
- b) Assistant
- c) Instructors
- d) Mentors
- e) Shooters

3) How would you rate the camp atmosphere?

4) How would you rate the Off-Ice Conditioning?

5) Would you recommend the school to your friends?

6) Would you consider returning to camp next year?

7) Did you enjoy the school?

Yes No

8) How would you describe the workload at the camp?

\_\_\_\_\_

9) What hockey association do you belong to?

\_\_\_\_\_

10) To improve our camps, what would you like to see more of?

- a) Instruction
- b) Skills
- c) Activities
- d) Other \_\_\_\_\_

explain why?



1 2 3 4 5

11) How would you rate the content of our programs? [ ] [ ] [ ] [ ] [ ]
12) How would you compare us to other schools? [ ] [ ] [ ] [ ] [ ]

13) Did the instructor do a good job in explaining drills and skills? Yes No
14) Did you enjoy the seminar part of the program (if applicable)? Yes No
15) Have you ever visited our website? Yes No
16) Did we miss anything that you wanted to learn, explain? Yes No

17) What can you do to improve your game?

18) What is your favorite type of equipment?

19) Who is your favorite goalie?

20) What type of style do you play?

21) Will you choose a US scholarship or play in the CHL if given the opportunity?

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