Date:

Organization Name:

Program Title:

*Please take a few minutes to give us your feedback about this creative aging culminating event. Your responses will help improve future programs. All demographic data is anonymized when used for program analysis.*

1. **Demographics**

Gender:

**□** Male **□** Female □ Non-binary □ Prefer to self-describe:

Age:

□ 0-18 □ 19-34 □ 35-54 □ 55-74 □ 75-94 □ 95+

1. **How did you hear about the event?**

* Participant
* Friend
* Family member
* Organization staff
* Flyer
* Newspaper
* Television/Radio
* Facebook
* Twitter
* Email
* Website
* Other

1. **Did you come to see a participant in the program?**

**□** Yes **□** No

*If yes, did the participant seem to acquire new skills?*

**□** Yes **□** No

1. **Do you understand the purposes of this program?**

**□** Yes **□** No

***Please turn over to complete***

1. **On a scale from 1 to 5, please rate the following statements based on your experience of this event. Circle your response with 1 being strongly disagree and 5 being strongly agree.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I was completely absorbed by the event. | 1 | 2 | 3 | 4 | 5 |
| This event sparks my interest in artmaking. | 1 | 2 | 3 | 4 | 5 |
| I’m really glad I came. | 1 | 2 | 3 | 4 | 5 |

1. **Did this program event change your idea or attitude about older adults?**

**□** Yes **□** No

1. **Why or why not? (If you need more space, please use the back of this form)**

* **Please add me to your mailing list!**

Name: Email:

Address: Phone:

City/State/Zip Code:

***Thank you for your feedback!***