



Washington Hebrew Congregation

Camp Keetov Summer 2008

Parent Evaluation

Over the years Camp Keetov has grown because of our program and staff and the good reputation they both have. Please take a few moments to complete this short survey so that we can continue to expand and improve our program. Thank you.

1. Did you feel that our program was age appropriate as described in the brochure and online materials? **Yes / No**
2. Did you feel that our program was consistent with its stated goals? **Yes / No**
3. Did you feel that the director, administrative staff, group leaders and counselors were accessible and supportive of you and your child? **Yes / No**
4. Did you feel that Camp Keetov was a fun and safe place for your child to be this summer? **Yes/No**
5. Was your child a happy camper at Camp Keetov? **Yes / No**
6. Would you send your child again? **Yes / No**
7. Would you recommend Camp Keetov to others? **Yes / No**
8. Any constructive suggestion or comments? _____

Age group of your child(ren) ___ITB ___3's ___4's ___5's

Please return this survey to the camp office before the end of camp.

Thank you!