

Outpost Evaluation



Name of Group(s): _____

Outpost Dates: _____

Person that can be contacted concerning this evaluation:

Name: _____

Telephone Number: _____

🏕️ Did contact with Upham Woods Outdoor Learning Center staff prior to your visit meet your organizational needs?

Excellent_____ Good_____ Fair_____ Poor_____

Comments:

🏕️ Was the equipment and transportation (if utilized) properly maintained, cleaned, and adequate for your purposes?

Excellent_____ Good_____ Fair_____ Poor_____

Comments:

🏕️ Did you feel that necessary precautions were taken to make your outpost experience safe?

Excellent_____ Good_____ Fair_____ Poor_____


Comments:

🏕️ Did outpost food provided by Upham Woods adequately fulfill your needs and expectations?

Excellent_____ Good_____ Fair_____ Poor_____ N/A_____

What was your favorite and least favorite meal(s):

Comments:

 **Was the outpost staff of assistance and personable?**

Excellent_____ Good_____ Fair_____ Poor_____

Comments:

 **How would you rate the educational and/or recreation programming provided to your group by the outpost staff?**

Excellent_____ Good_____ Fair_____ Poor_____

Comments:

 **What is your overall rating of the outpost experience?**

Excellent_____ Good_____ Fair_____ Poor_____

Comments:

 **Do you have any suggestions to improve the outpost experience?**

***If you have any specific concerns you would like to discuss, please call Toby Grabs, Assistant Director, at (608) 254-6461, ext. 203.*