

# DEAN'S EVALUATION

Instructions: Please complete the evaluation and return it to the Director of Camp & Retreat Ministry within two weeks following the close of your camp.

Dean/Co-Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Camp/Event: \_\_\_\_\_ Grade Level: \_\_\_\_\_

## A. ADMINISTRATION

1. Did the registration procedure aid you in your recruitment of staff?  
( ) Yes ( ) No
2. Did you find the budget guidelines of \$7 per camper adequate for you to provide a quality program? ( ) Yes ( ) No  
If "No," what amount would you suggest? \$ \_\_\_\_\_
3. Was information relating to the changes in camp policies and procedures communicated to you with clarity and in a timely manner?  
( ) Yes ( ) No
4. Comments on any of the above items. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. RESOURCES

1. Did you find the organization of the Dean's Manual helpful in planning your program? ( ) Yes ( ) No
2. In planning for your camp, did you use any particular resources which were not available at the Training Event and/or Dean's Manual that you would recommend being available in the future? ( ) Yes ( ) No  
If "Yes," list: \_\_\_\_\_
3. Reflecting on your week at camp, are there any particular needs you experienced that could possibly be addressed at next year's Dean's Training Event? ( ) Yes ( ) No  
If "Yes," list: \_\_\_\_\_

## C. PERSONNEL

1. Were there any volunteer staff members you've decided not to invite back to your camp event? Would you caution other Deans against inviting them to their camp event?  
( ) Yes ( ) No Name(s): \_\_\_\_\_
2. Were there any campers who created repeated behavioral problems, or are unsuited for the type of camp you programmed? ( ) Yes ( ) No  
Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## D. ON SITE/OFF SITE

1. Were the paid Support staff friendly and cooperative? ( ) Yes ( ) No
2. Were the facilities at the site clean and in good repair? ( ) Yes ( ) No
3. Were the program areas maintained and in good condition? ( ) Yes ( ) No

4. Before your departure from camp, did you (or someone you appointed) inspect the facilities with a designated paid staff? ( ) Yes ( ) No
5. Adventure Deans: Were tents, canoes, backpacks, cooking gear, etc., in good condition and functional? ( ) Yes ( ) No
6. Adventure Deans: Before departing for home, did you refuel and clean the interior of the vans, clean and check all equipment for damages, report any damages, and replace all vehicle and equipment to their proper place?
7. Comments on any of the above items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. PROGRAM**

1. How many campers attended your camp? \_\_\_\_\_
2. Was there at least one occasion specifically designed to give campers an opportunity to make either a first time decision for Christ, or to rededicate their lives to Him? ( ) Yes ( ) No  
Number of first-time decisions \_\_\_\_\_ Re-dedications \_\_\_\_\_
3. Was there at least one occasion specifically designed to give campers an opportunity to respond to God's call to either ordained ministry or some other form of full-time Christian service? ( ) Yes ( ) No  
How many responded? \_\_\_\_\_
4. Do you have, and have you begun to implement a follow-up plan with campers who made any of the above decisions? ( ) Yes ( ) No  
Describe below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Were there any particular parts of your program that the campers received especially well which you would recommend for use by other camps?

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