

# STUDENT SURVEY

School: \_\_\_\_\_

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

## Goalies and Player Questions

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

1 Was the camp run efficiently?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- a) Head Instructor
- b) Assistant
- c) Instructor
- d) Counselors
- e) Shooters

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 How would you rate the camp atmosphere?

4 How would you rate the video sessions?

5 How would you rate the Off-Ice Conditioning?

Yes		No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Would you recommend the school to your friends?

7 Would you consider returning to camp next year?

8 Did you enjoy the school?

9 How would you describe the workload at the camp?

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10 What hockey association do you belong to?

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

- a) Teaching
- b) Shooting
- c) Activities
- d) Skating
- e) Other \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>

explain why?

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## Goalie Questions

1 How would you rate the content of our programs?

2 How would you compare us to other schools?

3 Did you enjoy the testing in the off-ice?

4 Did you enjoy the fusion part of the program (if applicable)?

5 Have you ever visited our website?

6 Did we miss anything that you wanted to learn, explain?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes		No		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7 What can you do to improve your game?

8 What is your favorite type of equipment?

9 Who is your favorite goalie?

10 What type of style do you play?

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## Player Questions

1 How did you find the off-ice program?

2 How would you rate the video session?

3 How would you rate the content of our program?

4 Did the instructor do a good job in explaining drills and skills?

5 Did you enjoy the fusion part of the program (if applicable)?

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

1	2	3	4	5
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Yes		No		
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