

PROGRAM EVALUATION

Your feedback is RBF's greatest tool in refining and strengthening the *Passport to Boating & Fishing Program*. The new ways you adapt it to your circumstances, your ideas, your opinions, your experiences – all are valued insights.

Please print out copies for the Event Host and Presenters for each station. The form takes just minutes to complete; the difference it will make is far-reaching and long-lasting.



**PASSPORT TO
FISHING &
BOATING**
FISHING & BOATING SAFETY FOR FAMILIES

Now that you have held your Passport Program event, you and your volunteers may have experiences that will be valuable for **program improvement**. Please talk with those involved and share anything that you think would be helpful. Once the event is completed, your mind usually runs to what you will do next time. Please give us the benefit of your experiences and help our program grow. **Thank you!**

1. Name _____

2. Phone _____

3. Agency/Organization _____

4. Address _____

5. City _____

6. State _____ 7. Zip _____

8. Email _____

9. Number of volunteers for your program _____

10. Number of adult participants (18 yrs+) _____

11. Number of children participants (under 18) _____

12. Date of event (MM/DD/YY) _____

13. Location of the event (Check all that apply.)

state/local park fishing accessible body of water

federal land boating accessible body of water

fish hatchery freshwater body of water marina

parking lot saltwater/brackish body of water pier

other, please explain _____

14. Did your event follow the Passport Program without changes?

Yes, essentially. We made some adjustments.

PROGRAM OVERVIEW

15. If you adjusted your Passport event because of site, time constraints, age of participants, number of volunteers, etc., how did you adjust it? (Examples: "We added 5 minutes to each station." or "Since we had our program indoors, we used pitch casting.")

Adjustments or changes in:

Timing: _____

Number of stations: _____

Number of volunteers: _____

Families as participants: _____

Number in each participant group: _____

Age of child participants: _____

Activities at the stations: _____

16. If you were to do this program again, do you have suggestions about the materials, the script, or anything else that would make it easier or better?

Fish Habitat & Handling : _____

Ready, Set, Boat : _____

Boat Smart, Boat Safe: _____

Fishing Knots & Rigging: _____



PROGRAM OVERVIEW

Please fax or mail this form to:

RBFF – Passport Evaluation
601 N. Fairfax St.
Suite 440,
Alexandria, VA 22314
Fax: 703-519-9565

Please let us hear from you. Your input makes a real difference! Thank you.



Casting : _____

Local Information: _____

17. Were there tips or other bits of information that you or your volunteers didn't have, but that would have been helpful? Please suggest any tips to help future Passport presenters.

18. Will you recommend the Passport Program to others?

- ___ Yes, definitely.
- ___ Perhaps, if _____
- ___ No, because _____

19. Will you use the Passport Program in the future?

- ___ Yes, definitely.
- ___ Perhaps, if _____
- ___ No, because _____