

BEST BUDDIES INTERNATIONAL HIGH SCHOOLS EVALUATION FORM 2007/2008



This form is to be completed by each member at the end of the school year. It must be returned to the Chapter President or Faculty Advisor before school ends for the summer. Thank you!

School Name: _____				
Student Name : _____				
E-mail Address: _____				
Current year in school:	Freshman	Sophomore	Junior	Senior
Street Address (include city, state, and zip code): _____			Phone Number: _____	

1. Do you plan to be a Peer Buddy or Buddy next year?	YES	NO
2. If you answered yes to question 1, do you wish to be matched with the same person again?	YES	NO
Please name the person with whom you were paired: _____		

Please circle your responses

Approximately how many times did you see your Buddy each month?	0	1	2	More
How often did you speak with your Buddy on the phone each month?	0	1	2	More
How many times did you write notes/ e-mails to your Buddy each month?	0	1	2	More

Please answer honestly

What was your favorite one-to-one activity to do with your Buddy? _____ _____
What was your favorite chapter group activity? _____ _____
What was you least favorite group activity? _____ _____
What suggestions do you have to improve the chapter next year? _____ _____

Remember, you can always be an advocate for people with disabilities.
THANK YOU FOR PARTICIPATING IN BEST BUDDIES! WE HOPE YOU MADE A FRIEND FOR LIFE!