

# Dean's Evaluation

Please take the time to fill this out at the end of your week. Please leave this with the Camp Director on the last day of camp. Reimbursements are not made until this form is turned into the camp office.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Week of camp: \_\_\_\_\_ Dates of camp \_\_\_\_\_

Female Camper of the Week: \_\_\_\_\_

Male Camper of the Week: \_\_\_\_\_

Missionary: \_\_\_\_\_

Mission total: \_\_\_\_\_ Missionary Check should be mailed to: \_\_\_\_\_

Comments on the Missions/Canteen Time:

Comments of Faculty: (please make sure to include problems with specific faculty, if any)

Comments on Meals at Camp:

Comments on Camp Director & WCSC Staff:

General Comments:



## EVALUATION

Please rate the following areas of the camp program according to their strengths and/or weaknesses. Each rating ranges from 1-5 with 1 being the lowest and 5 being the highest.

### WCSC Staff:

Pre-Camp Contact	
Cooperation with you and your faculty	
Faculty Training	
Camp Supplies ready for your week	
Camp facilities ready for your week	
Were they Flexible?	
Were they Supportive?	
Were they Helpful?	
Camp Director	

### Your Camp Week:

Daily Schedule	
Teaching Times	
Recreation	
Discipline	
Counselors	
Camp Nurse	
Weather	
Availability of activities	
Overall	

### Camp Facilities:

General appearance	
Maintenance during week	
Sufficient areas for classes	
Recreation equipment	

### Meals:

Balanced meals	
Amount per camper	
Taste of food	
Kitchen Staff	
Breakfast	
Lunch	
Dinner	

Comments on any of the items above:

Would you be willing to serve as dean again in the future?  YES  NO

Is there anyone you would recommend to be a future dean at WCSC? \_\_\_\_\_

Is there anyone you would recommend not to come back as faculty? \_\_\_\_\_

**Thank you for a great week!**

Please complete and turn into the camp office.  
Reimbursements will not be issued without this report.