***Community Sport for All Initiative* – Participant Evaluation Survey**

**Instructions**

The purpose of this survey is to report on the *Community Sport for All Initiative* sport participation.**Please DO NOT put your name on this survey.** You can “skip” any questions you do not want to answer, and your identity will not be linked with any of your answers. This survey should take you approximately 15 minutes to complete. After completing the survey, please return it to your program facilitator.

1. Please self-identify by selecting any population group(s) that apply.

[ ]  Black

[ ]  Indigenous

[ ]  Racialized

[ ]  2SLGBTQI+

[ ]  Low-income people

[ ]  Persons with a Disability

[ ]  Newcomers

[ ]  Seniors

[ ]  Another preferred group. Please specify:

[ ]  Prefer not to self-identify

1. Please select your age group.

☐ Children/youth (0-17)

☐ Adults (18+)

☐ Seniors

1. Which program have you participated in?

|  |
| --- |
|  |

1. How often did you participate in this program?

[ ]  Always

[ ]  Very often

[ ]  Sometimes

[ ]  Rarely

[ ]  Never

1. Is there anything you want to share about how often you participated in this program?

|  |
| --- |
|  |

1. Why did you participate in this program?

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| --- |
|  |

1. As a result of this program, have barriers (e.g. access, cost, time, inclusion, etc.) to your sport participation decreased? For example, this program improved access to sport programing, was more cost effective, had better timing, was designed to make me feel welcomed, included and/or safe, etc.

[ ]  Yes

[ ]  Somewhat

[ ]  No

[ ]  Prefer not to answer

 Please explain:

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| --- |
|  |

1. Is there anything you want to share about barriers to your sport participation because of this program?

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|  |

1. As a result of this program, has your sport participation increased?

[ ]  Yes

[ ]  Somewhat

[ ]  No

Is there anything you want to share about your sport participation because of this program?

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| --- |
|  |

1. As a result of this program, have you experienced any positive outcomes?

[ ]  Yes

[ ]  Somewhat

[ ]  No

Please explain:

|  |
| --- |
|  |

1. As a result of this program, have you experienced any negative outcomes?

[ ]  Yes

[ ]  Somewhat

[ ]  No

Please explain:

|  |
| --- |
|  |

1. Would you participate in this program again?

[ ]  Yes

[ ]  Not sure

[ ]  No

Please explain:

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| --- |
|  |

1. Is there anything else you want to share about your experience in this program?

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| --- |
|  |

Thank you for taking the time to complete this survey!