30-Second Bright Mind / Street Care Survey

All questions are optional. Your feedback helps us improve our programs and activities — we'd love to hear about your experience!

First Name: _____ **Last Name:** _____

Email: _____

Which best describes you?

(You may select more than one)

- ☐ Participant
- ☐ Volunteer
- ☐ Parent/Guardian of a participant
- ☐ Visitor to our Websites/Media
- ☐ Intern
- ☐ Bright Mind Wellness Programming
- ☐ Street Care Programming
- ☐ Other

If 'Other', please elaborate: _____

Which program or activity did you participate in?

_____

How would you describe your experience with this program/activity?

1 (Very Dissatisfied)	2 (Dissatisfied)	3 (Neutral)	4 (Satisfied)	5 (Very Satisfied)
☐	☐	☐	☐	☐

How would you rate your overall experience with Bright Mind?

1 (Very Dissatisfied)	2 (Dissatisfied)	3 (Neutral)	4 (Satisfied)	5 (Very Satisfied)
☐	☐	☐	☐	☐

What did you enjoy or find valuable?

(You may select more than one)

- ☐ Overall experience
- ☐ Support / guidance received
- ☐ Connecting with others
- ☐ Personal growth
- ☐ Quality of the program/activity
- ☐ Skill development
- ☐ Efficiency/Inclusivity
- ☐ Gaining useful knowledge
- ☐ Learning something new
- ☐ Other

Feel free to share any thoughts or suggestions

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Thank you for your feedback!