BRIGHT MIND ENRICHMENT

Before - Activity Check-In

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 of the following best describes you?

(You may select more than one)

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

Which program or activity are you about to attend?

_____

Before you begin, how do you feel?

Select one option per row

	1 (Very Low)	2 (Low)	3 (Moderate)	4 (High)	5 (Very High)
How are you feeling now?	☐	☐	☐	☐	☐
How enthusiastic do you feel right now?	☐	☐	☐	☐	☐
How confident do you feel going into this activity?	☐	☐	☐	☐	☐

What are you expecting from this activity or program?

(You may select more than one)

☐ Receive support or guidance
☐ Gain useful knowledge
☐ Connect with others
☐ Improve well-being
☐ Personal growth
☐ Explore something new
☐ Other: _____

Thank you — enjoy the activity!

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