ASAP/After School Activities Partnerships
Club Leader Feedback Form

Please complete this form and return it to ASAP via fax or email. This information will allow ASAP to track the progress of our programs, support our activity leaders, and report accurately to funders. Thank you!

Name: ________________________________

Site: ________________________________

Club type: ________________________________

My club took place this…(check all that apply):

___ Fall   ___ Winter   ___ Spring   ___ Summer

# of students in club ______ # of male students ______ # of female students ______

Club meeting day(s) and time(s): ________________

Average age/grade of participating students: ________________

Can you share a story or two about your students this semester and the progress they have made?

_____________________________________________________________________________ 

What is/was the highlight of your experience as a club leader?

_____________________________________________________________________________ 

What is/was your biggest challenge?

_____________________________________________________________________________ 

Any other comments?