**FEEDBACK & EVALUATION FORM**

**Participant Information:**

* Name:
* Date:
* Position/Role (Volunteer, Intern, Participant, etc.):
* Contact Information (optional):

**1. Overall Experience:**

* How would you rate your overall experience with Phoenix Eye Films?
	+ Excellent
	+ Good
	+ Fair
	+ Poor

**2. Program/Project Feedback:**

* Which program/project were you involved in?
* What did you find most valuable about your experience?
* What aspects of the program/project could be improved?

**3. Mentorship and Support:**

* Did you receive adequate mentorship and support during your time with Phoenix Eye Films?
	+ Yes
	+ No
* Please provide comments or suggestions regarding mentorship and support:

**4. Learning and Development:**

* Did you feel that your skills and knowledge were developed or enhanced during your experience?
	+ Yes
	+ No
* Please describe how your skills or knowledge were developed:

**5. Impact and Contribution:**

* How do you feel you contributed to Phoenix Eye Films' mission and goals?
* What impact do you believe your work had within the organization or community?

**6. Organizational Culture:**

* How would you describe the organizational culture at Phoenix Eye Films?
* Were there any aspects of the culture that particularly resonated with you or that you found challenging?

**7. Suggestions for Improvement:**

* Do you have any suggestions for improving the volunteer/internship/participant experience at Phoenix Eye Films?
* Is there anything else you would like to share about your experience?

**8. Would You Recommend Phoenix Eye Films to Others?**

* Would you recommend Phoenix Eye Films to others seeking volunteer, internship, or participation opportunities?
	+ Definitely
	+ Maybe
	+ Not Sure

**Additional Comments:**

* Please use this space for any additional comments, thoughts, or feedback you would like to share:

**Signature:**

By signing below, I acknowledge that I have completed this Feedback and Evaluation Form truthfully and to the best of my ability.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Participant's Name]

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this form back to info@phoenixeye.com.au