Post Journey Evaluation

Ambassador Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Club: Greater Des Moines

Check which applies: \_\_ Ambassador \_\_\_ Home Host \_\_\_ Day Host

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the planned activities. Leave the line blank if you did not participate. |  |  |  |  |  |
| 1) The journey overall |  |  |  |  |  |
| 2) Itinerary overall |  |  |  |  |  |
| 3) Please rate the following activities: |  |  |  |  |  |
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| 4) Amount of free time |  |  |  |  |  |
| 5) Host family and ambassador time together |  |  |  |  |  |
| 6) *If an ambassador,* rate your host |  |  |  |  |  |
| 7) *If a host*, rate your ambassador |  |  |  |  |  |
| Please use the space to provide any comments, difficulties or highlights. | | | | | |