

vision trip EVALUATION



Please take the time to fill out this evaluation. Your input is important to us for future planning and preparation of vision teams. Evaluate the trip in the following areas on a scale of 1 (poor) to 5 (excellent), or answer with a yes/no. Please elaborate on low scores and make any additional comments in the spaces below.

NAME _____ DATE OF TRIP _____

LOCATION OF TRIP _____

pre-trip coordination (WITH AGCI STAFF)

- | | | | | | |
|--|------------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|
| Communication | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Sensitivity (meeting group's needs) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Spiritual and emotional maturity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Training and preparation materials | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Did AGCI work with you to create the best possible trip? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| Did AGCI answer your questions in a timely and effective manner? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| Did you feel prepared for the vision trip before departing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |

COMMENTS

your trip

- | | | | | | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Transportation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Housing accommodation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Meals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Schedule | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Team devotions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

COMMENTS

trip leadership

Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked well with in-country coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to team members' needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual and emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the trip leader follow the trip schedule to your satisfaction?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Did you feel the trip leader allowed for everyone on the team to participate equally in the activities?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Were you picked up promptly at the airport?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Did you ever feel like you were put in an unsafe or dangerous position while on the vision trip?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Did your trip leader explain the purpose, mission and vision of AGCI?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		

COMMENTS

post-trip

Group leader debriefing (post-trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal spiritual growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you go on another AGCI advocacy trip?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Do you feel empowered to share the mission and vision of AGCI with your family, friends, or church?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Would you become a child sponsor or country sponsor because of this trip?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Did you become interested in adoption because of this trip?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Are you interested in becoming an AGCI Sponsorship Ambassador?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Are you interested in receiving AGCI's newsletter?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		

COMMENTS

How was your overall experience on the vision trip?

How can AGCI support you so you feel like you have the resources you need to advocate for the children you met?

What do you think was the most significant thing you learned on this trip?

What was your favorite aspect of the vision trip?

How will your support of AGCI and the children we serve be affected by this trip?

What would you improve to make the vision trip more successful? What suggestions do you have for future trips?

Any additional comments?