



Session 10 Questionnaire

Male / Female.....Date of Birth.....

Date.....

School/Venue.....

1. Have you enjoyed being part of the DRUMBEAT Program?

Yes Sort of No

1. Have you learned new skills?

Yes Sort of No

2. Do you feel you now know more about people, and how they get on with each other?

Yes Sort of No

3. Do you feel you were part of the DRUMBEAT team?

Yes Sort of No

4. Did you impress yourself with the beats you could master?

Yes Sort of No

5. Do you feel more confident in your relationships with other people?

Yes Sort of No

6. Were the adult presenters helpful and understanding?

Yes Sort of No

7. Has DRUMBEAT helped your confidence generally?

Yes Sort of No

8. Do you find it easier to communicate with other people since doing DRUMBEAT?

Yes Sort of No

9. Would you recommend the DRUMBEAT Program to others?

Yes Sort of No

10. Overall how satisfied were you with the DRUMBEAT program –
Please circle below

Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
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Thank you for your time & we hope you enjoyed the program