



PACE

Physical Activity/Tennis and Character/Health Education



Program Site: _____

Today's Date: _____

You are a (please check): Boy _____ Girl _____

Your Age: _____ Your Grade: _____

Instructions: Circle ONE choice for each item.

1. Did you enjoy the PACE tennis program? YES SOMEWHAT SOMETIMES NO

2. Would you want to be part of the program again? YES SOMEWHAT SOMETIMES NO

3. Would you recommend the PACE program to your friends? YES MAYBE NOT SURE NO

4. For each item below, circle: 1 (liked a lot) 2 (liked a little) 3 (did not like at all)

Tennis 1 2 3

Physical Activity (games) 1 2 3

5. What did you like BEST about the PACE tennis program? _____

6. What would you like to change? _____

Date Program Began _____ Date Program Ended _____