



Mission Trip Evaluation

NAME (optional) _____

TRIP LOCATION & DATE _____

TEAM LEADER _____

Please rate the following questions from 1-5 corresponding with ratings below:

1. Very poor
2. Poor
3. Fair
4. Good
5. Excellent

A. How would you rate this trip overall?

1 2 3 4 5

B. How was the planning/meetings before the trip?

1 2 3 4 5

C. How would you rate the overall effectiveness of the team leader?

1 2 3 4 5

D. How would you rate the value of this trip (cost effectiveness)?

1 2 3 4 5

E. What did you enjoy most?

F. What suggestions do you have to improve the trip?

G. What would you like to see Beautiful Feet International offer in the future? (use back if necessary)