2027 Youth Day Student Evaluation Form

Please help us continue to improve youth day so that we may serve the educational community better.

* Indicates required question

1. What is your First Name *

_____

2. Year in School *

Mark only one oval.

- ◯ Pre HS
- ◯ Freshman
- ◯ Sophomore
- ◯ Junior
- ◯ Senior

3. Which activities did you attend? *

Check all that apply.

- ☐ Warm-up Session
- ☐ Session: Benefits of Building Friendships and Collaborating through Chamber Music
- ☐ Central Kentucky Youth Orchestra with soloists
- ☐ C Street Brass Quintet
- ☐ Meet and Greet

4. Rate Todays Experience 1-4, 4 being the strongest *

Mark only one oval.

1	2	3	4
◯	◯	◯	◯

5. I learned something new today about music *

Mark only one oval.

- ◯ Yes
- ◯ No

6. I feel more inspired to continue making music *

Mark only one oval.

- ◯ Yes
- ◯ No

7. I met someone new today *

Mark only one oval.

- ◯ Yes
- ◯ No

8. Before today, I thought music could...

Check all that apply.

- [ ] Be a lifelong Hobby
- [ ] Be a Career
- [ ] Bring People Together
- [ ] I wasn't sure

9. One thing I will remember from today is... *

Check all that apply.

- [ ] It expanded my horizons.
- [ ] It inspired me to participate in the arts.
- [ ] It has made my dreams of becoming a musician more tangible.
- [ ] How warm and welcoming everyone was.
- [ ] How I was encouraged to be a part of the arts regardless of my career choice.
- [ ] Other: _____

10. Please tell us what you would like to see added to youth day in the future. *

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