

Community Living-Central Huron  
Community Inclusion Committee - Activity Review Form

Please use this form to let us know what your experience and thoughts were about a recent event, trip or experience you have had and whether or not you would recommend it to others.

Name or type of Activity: \_\_\_\_\_

Location/address: \_\_\_\_\_

Contact Information (Include website if available):  
\_\_\_\_\_  
\_\_\_\_\_

Overall rating: (Check which applies)

Excellent	Very Good	Average	Poor/Terrible
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Rate the following between 1 and 5, with 1 being the lowest and 5 being the highest:

	Rating (1- 5)	Comments/Details (ie. date, planning tips, etc.)
Accessibility		
Cost		
Customer Service		
Location		

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of who completed the form

\_\_\_\_\_  
Date