



# NAYLP Coordinator Feedback

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Coordinator & Program Details	
Your Name: _____	Location: _____ Year: _____
Start Date: _____	End Date: _____ Time of Day: _____ # Weeks: _____
Sponsoring Club: _____	Club President: _____
Assistant Coordinators: _____	

General	Please circle.
Was this your first time as a Youth Leadership Coordinator?	Yes / No
Are you aware that as the Coordinator this experience counts towards your ACG designation?	Yes / No
Did you have an assistant and/or adequate help from your club to run the program?	Yes / No
Did you invite other Toastmasters to act as guest speakers or guest evaluators?	Yes / No
Each YL session must be sponsored by a Toastmasters Club. The certificates should be signed by the Club President.	
Did you invite your home club president to the graduation?	Yes / No

Support Received from NAYLP	Please circle.
Did you receive a Coordinator Kit, including manuals and certificates?	Yes / No
Did NAYLP connect you with a mentor or provide coaching opportunities?	Yes / No
Did you use NAYLP's Coordinator Website and online materials?	Yes / No
Please rate the quality of NAYLP's online materials out of 5, if applicable.	1 2 3 4 5
Did you receive a certificate acknowledging you led a YLP from NAYLP?	Yes / No

Your Experience as a Coordinator	One Word to Describe it:
What was the best thing about your experience?	
What was your biggest challenge?	
Any surprises?	
Tips to share with other Coordinators?	



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Program Participant Statistics (Please provide the count for:)				
Total Participants:	Repeat Participant:	Total Graduated:	Repeat Grads:	
Age 10-:	Age 11:	Age 11-14:	Age 15-17:	Age 18+:

Future Sessions & Coaching	Please circle.
Are you willing to mentor someone who wants the experience but is nervous about taking it on alone? Yes / No	
If so, please confirm you would be willing to receive future online correspondence from NAYLP:	
<input type="checkbox"/> I confirm I would like to receive emails and message about future Youth Leadership Session programs, leading and coaching opportunities from the Northern Alberta Youth Leadership Project.	

Committee Use Only	
Description:	Note:
Coordinator Protection Signed?	
Kit Returned?	
Coordinator Feedback Included Program Statistics?	
Participant/Parent Feedback Forms Received?	
New Materials Added to Library?	