

ADVISORY BOARD MEMBER: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

TIME OF VISIT: \_\_\_\_\_



**EVALUATE THE PLACE!**

ATTRACTIVE	Yes	No	N/A
FEELS SAFE	Yes	No	N/A
CLEAN/WELL MAINTAINED	Yes	No	N/A
COMFORTABLE PLACES TO SIT:	Yes	No	N/A
AREA IS BUSY	Yes	No	N/A
PEOPLE IN GROUPS	Yes	No	N/A
EVIDENCE OF VOLUNTEERISM	Yes	No	N/A
AREA IS VITAL ECONOMICALLY	Yes	No	N/A
DOES THE LOCATION HAVE FIELDS:	Yes	No	N/A
IF SO, WHAT CONDITIONS ARE THE FIELDS IN:	GREAT CONDITION	GOOD CONDITION	POOR CONDITION
HOW MANY PEOPLE WERE IN THE FACILITY AT THE TIME OF YOUR VISIT?	_____		

ADOPT A PARK SURVEY

**WERE CHILDREN AND SENIORS PRESENT:**

**Yes**

**No**

**N/A**

**WOULD YOU RECOMMEND THIS FACILITY:**

**Yes**

**No**

**WHAT DO YOU LIKE BEST ABOUT THIS PLACE?**

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**LIST THREE THINGS THAT YOU WOULD DO TO IMPROVE THIS PLACE THAT COULD BE DONE RIGHT AWAY AND THAT WOULDN'T COST A LOT:**

1.) 

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2.) 

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3.) 

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**WHAT 3 CHANGES WOULD YOU MAKE IN THE LONG TERM THAT WOULD HAVE THE BIGGEST IMPACT?**

1.) 

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2.) 

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3.) 

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**ASK SOMEONE WHO IS IN THE "PLACE: WHAT THEY LIKE ABOUT IT AND WHAT THEY WOULD TO DO IMPROVE IT:**

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**WHAT LOCAL PARTNERSHIPS OR LOCAL TALENT CAN YOU IDENTIFY THAT COULD HELP IMPLEMENT SOME OF YOUR PROPOSED IMPROVEMENTS? PLEASE BE AS SPECIFIC AS POSSIBLE:**

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**COMMENTS & SUGGESTIONS:**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_