



PROJECT SURVEY

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

*Please help us improve and expand the Falls Prevention Flower Project with your valuable feedback. Thank you!*

Name of Person Completing Survey: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

# of Children Participating in Project: \_\_\_\_\_

1. What did you do to get the children excited about the project? \_\_\_\_\_

2. How did you educate the children about the danger of falls for seniors? \_\_\_\_\_

3. How easy was it to explain the process of making the project? \_\_\_\_\_

4. Do you have any suggestions on how to make the project better? \_\_\_\_\_

5. Did the children follow the instructions? YES NO

6. Did the children enjoy making the project? YES NO

7. Were they eager to present it to their grandparents or another older person? YES NO

8. Were any of the projects donated to local Senior Center(s), Assisted Living Facilities or Nursing Homes?

YES NO If so, what locations? \_\_\_\_\_

9. How did you share the project: Social Media? YES NO What social media platform? \_\_\_\_\_

Website? YES NO What website? \_\_\_\_\_

Event? YES NO What event? \_\_\_\_\_

10. What was your favorite part of the project? \_\_\_\_\_

11. What feedback/comments did you receive from the parents or the recipients on the Falls Free Flower Project?