**Original ‘OMG!’ Form courtesy of JWS @ Camp Consulting**

**Activity / Event** S M T W Th F S \_\_/\_\_/22 Time AM PM

Attendance Taken YES NO # Campers Ages Staff

**Overall Rating (**1-5 Scale, 5 = extraordinary/consistent delivery) ­­­­\_\_\_\_\_ **Observed by**

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| **Start Time**Note scheduled ‘Start Time’ and actual time all campers commence the activity or event.This is not when the 1st camper arrives. Note how campers/staff are engaged as they arrive to avoid sitting, waiting and boredom. | **Engagement (0-5)**Individual & collective camper participation & total involvement with activity/event for full duration of program.Are campers allowed to NOT PARTICIPATE? Is activity inclusive of all or specific to some? Are all counselors actively involved?  | **Staff/Camper Ratio**Actual ratio throughout. If 3 staff w/14 kids but 2 counselors not actively involved, ratio is 1/14. Confirm the actual ratio as the activity/event progresses throughout the period to the end.. | **Program Value**Something worthwhile going on? Campers learning skills, rules, sportsmanship, team-work? Are kids encouraged to try, applauded for effort or just supervised? Is equipment adequate?Is philosophy evident in the activity/event? | **Fun Factor (0-5)**This relates to each individual especially those who are reticent or shy… not just those who are socially able and naturally talented.For events that require reverence and respect, are counselors leading campers in the way to do things? | **Stop Time**Note intended “Stop Time” and actual time activity ends. Is there a debrief, group clean up or just a stop, then sit to hang and talk?For an event, is there a safe/orderly and fun transition from one program to another? |
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| *How can this Activity/Event be improved?* |
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