

1.1 Instructions

Participants in Off-Campus Activities may be asked to complete this Feedback/Evaluation Form upon return from an off-campus activity. Any participant has the option of completing this form even if it has not been requested. Completed forms should be submitted to the Off-Campus Activity Leader, Principal Investigator, Activity Coordinator, Department Head/Person in Authority, Office of Risk Management or other appropriate Mount Royal official. Information provided will be used to monitor off-campus activities, identify and evaluate potential risks, and improve training and support systems.

1.2 A. General Information

1. Category of person completing the form:
 Student Faculty Member Staff Other _____
 (please specify, e.g., volunteer)

2. Nature of Off-Campus Activity
 Research
 Academic (please specify) _____
 Athletic
 Other (please specify) _____

3. Location of off-campus activity
 domestic (in Canada) _____
 international (please specify country)

- Setting (please provide details)
 urban _____
 rural _____
 remote _____

1.3 B. Preparation and Training (Please circle the appropriate response, and add comments/explanations where appropriate)

		poorly-----		-----	very well
1. How prepared were you for your off-campus activity?	1	2	3	4	5
In preparing for your off-campus activity, rate the usefulness of the following resources:					
		not useful-----		-----	very useful
2. Face-to-face pre-departure sessions	1	2	3	4	5
3. On-line pre-departure training	1	2	3	4	5
4. Other resources/publications provided	1	2	3	4	5
5. Other (please specify) _____	1	2	3	4	5

6. What improvements do you suggest and what other information do you think could have been provided?

7. Is there anything else you wish you had or had not taken with you (e.g., equipment, clothing, documentation)?

C. Living Accommodations

1. Do you have any comments about the living accommodations that were provided?

D. Health and Safety (please circle the appropriate response, and add comments/explanations where appropriate)

1. In the case of an international activity, did you register at the Canadian Embassy/High Commission?
Yes _____ No _____ N/A _____

2. Did you acquire supplemental travel health insurance before you departed? Yes _____ No _____
N/A _____

3. Did you have special needs that you identified prior to departure? Yes _____ No _____
N/A _____

4. Were these special needs addressed during your off-campus experience? Yes _____ No _____
N/A _____

5. Did your special needs become an issue during your off-campus experience? Yes _____ No _____
N/A _____

Please explain:

6. Did you have any incidents affecting your health and/or safety that resulted in medical, legal or police support? Yes _____ No _____ N/A _____

Please explain:

7. Did you have any incidents affecting your health and/or safety that you did not take medical, legal or police action to address? Yes _____ No _____ Please explain:
8. Did you become ill during your off-campus activity? Yes _____ No _____
9. Did you seek medical treatment? Yes _____ No _____
10. Did you have to abandon the activity prematurely due to illness or injury? Yes _____ No _____
11. Was illegal or disturbing drug-related activity evident in the area in which you were living/working? Yes _____ No _____
12. Did anyone intentionally damage any of your property? Yes _____ No _____
14. Did anyone take anything from you using force or the threat of force? Yes _____ No _____
15. Were you the victim of an assault? Yes _____ No _____ Please explain:
16. Did you experience or observe any obscene or annoying or harassing behaviour, not involving violence? Yes _____ No _____ Please explain:
17. Were you caught up in any riots, public demonstrations or acts of civil unrest? Yes _____ No _____ Please explain:
18. Did you experience any natural calamity (<i>e.g.</i> , flood, fire, earthquake)? Yes _____ No _____ Please explain:
19. Did you experience any form of danger not directed specifically at you? Yes _____ No _____ Please explain:
20. Do you have first-hand knowledge of any crime affecting another participant in your activity? Yes _____ No _____ Please explain:

21. Did you make use of the Mount Royal's Emergency Support Protocol?	Yes _____ No _____
Please explain:	
very unsafe-----very safe	
22. In general, how safe did you feel during your off-campus experience?	1 2 3 4 5
23. If your activity involved a host situation, how safe did you feel at your host institution?	1 2 3 4 5
If you felt unsafe or very unsafe, please explain in what way the host situation was unsafe:	
resolved	
not at all resolved-----fully	
24. If you experienced any health or safety incident, please indicate the degree of satisfaction that you feel regarding its resolution?	1 2 3 4 5
Please explain:	
25. Please provide any other comments that you feel would be useful when planning and preparing for similar activities in the future (attach additional sheets if necessary):	