

SENIOR SORCERY
EVALUATION FORM

SHOW DATE _____

TIME _____

MAGICIAN _____

Centre _____

Contact _____

Telephone _____

Email _____

How many *residents*

volunteers

staff

family members

| |
|--|
| |
| |
| |
| |

Was the entertainer interactive with the residents?

Did the residents enjoy the entertainer? (Did they make special comments, respond with smiles or laughter actively participate?)

What are some of the challenges when choosing entertainment for your residents?

What kind of entertainment/recreational programming is successful for your centre and residents?

What can we do to make this show better for seniors?

Any other comments you would like to add...