



Program Evaluation

Your opinion is very important to us. Please take a moment to let us know how we are serving you. Thank You!

Program Name: _____
Instructor: _____

Date: _____
Session: _____

Circle the number that best describes your experience. If a statement does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad experiences that many have happened to you.

	Very Poor	Poor	Good	Very Good
1. Reliability of instructor.....	1	2	3	4
2. Knowledge of instructor.....	1	2	3	4
3. This program met my expectations.....	1	2	3	4
4. Equipment is well maintained.....	1	2	3	4
5. Program fee is reasonable.....	1	2	3	4
6. My overall experience with customer service of				
A. recreation staff.....	1	2	3	4
B. front desk and office staff.....	1	2	3	4
C. program instructors.....	1	2	3	4
D. other _____				

1. Would you recommend this program to your friends? (*Circle one*)
 Yes No Maybe

2. Was the program offered at a good time for you? (*Circle one*) Yes No

3. If not, when is a better time? _____

4. Do you have any suggestions for improvement? _____

5. How did you hear about this program? (*Circle all that apply*)

Word of mouth

Website

School flyers

Marquee

Local paper

Park district brochure

Other: _____

Comments: _____

Name (optional): _____ Phone: _____