

Windsor Locks Park and Recreation
Program Evaluation

Program Name _____ Instructor _____ Date _____

Comments

Did you or your child enjoy this program?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
How would you rate the instructor?	<input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor	
Was the instructor/staff: Friendly and helpful?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Organized?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Interested in the class?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Did the program meet your expectations?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Was the fee appropriate for this program?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Was the facility(ies) where the activity was held comfortable and appropriate for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	
Was the length of the program appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like the program to continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you or your child participate again?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What benefits did you or your child received from participating in this program?

Are there other Park and Rec programs utilized by you or your child?

How did you hear about this program?

Flyer in backpack Flyer in mail Press Release Word of Mouth Marquee Other _____

Your comments:

If you would like to discuss any of your comments in more detail, please note your name and method of contact.

Your name _____ Phone _____ Email _____