

**SUFFIELD PARKS AND RECREATION**

**SOCCER PROGRAM EVALUATION**

Thank you for participating in the Suffield Recreational Soccer Program. We hope your child had a memorable experience. In order to continually improve our service to the public, the Parks and Recreation Department would appreciate your feedback.

1. Did your child attend the program on a regular basis? \_\_\_\_\_
2. What were you most impressed with? \_\_\_\_\_
3. Did your child improve his/her soccer skills? \_\_\_\_\_
4. Did your child play enough during a game? \_\_\_\_\_
5. Did you volunteer to coach or assist? \_\_\_\_\_ If yes, explain your experience \_\_\_\_\_  
\_\_\_\_\_
6. Was the play too competitive or just right? \_\_\_\_\_
7. Did you encounter any problems during the season? \_\_\_\_\_ if yes, please explain and offer solutions:  
\_\_\_\_\_
8. Were referees fair? \_\_\_\_\_
9. Would you register for this program again? \_\_\_\_\_
10. Was the fee reasonable? \_\_\_\_\_
11. List any suggestions for improving this program for the future? \_\_\_\_\_  
\_\_\_\_\_

Please return this form to the:

**SUFFIELD PARKS & RECREATION DEPARTMENT**  
**83 Mountain Road, Suffield, CT. 06078**

\_\_\_\_\_  
Name (optional)

\_\_\_\_\_  
Phone

\*Please return as soon as possible after the season ends.

**Thank you for your time.**