



Today's Date: _____

Program Evaluation Form

Your opinion is important to us! Please take a moment to let us know how we are doing.

Program Name: _____ Instructor's Name: _____

Program Day & Time: _____ Location: _____

Instructor

The instructor...

- kept me engaged
- was courteous to all participants
- overall

Program

Content was consistent with the info in the brochure:

The class...

- started
- ended
- materials were
- handout quantity
- handout usefulness
- information was relevant
- overall

How did you or the participant benefit from participating in this program?

- | | | |
|--------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Met new friends | <input type="checkbox"/> Increased self esteem | <input type="checkbox"/> Lasting memories |
| <input type="checkbox"/> Learned/improved skills | <input type="checkbox"/> Enhanced creativity | <input type="checkbox"/> Reducing stress |
| <input type="checkbox"/> Improved health/fitness | <input type="checkbox"/> Teamwork/Sharing | <input type="checkbox"/> Sense of accomplishment |

Facility

The facility...

- was clean:
- was set up before the program began:

The temperature was...

Comments:

OPTIONAL: Name _____ Email _____

Thank you for taking the time to fill out this evaluation.