



**Town of Farmville
Recreation Department
PROGRAM EVALUATION FORM**



The Recreation Department would like to ask for your assistance in improving our recreation programs by filling out the following evaluation form. Please only fill out one Program Evaluation Form per class.

Name: _____

Date: _____

Placing your name on this form is optional.

Program Title: _____

Location: _____

Instructors Name: _____

Program Days: _____

Program Start Date: _____ End Date: _____

Program Time: _____

Directions: Please check on the line corresponding with your opinion

	Strongly Agree	Agree	Disagree	Strongly Disagree
Participant enjoyed this class:	_____	_____	_____	_____

Comments: _____

Program met goals of Participant:	_____	_____	_____	_____
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Comments: _____

Instructor was on time and organized:	_____	_____	_____	_____
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Comments: _____

Instructor is well qualified for program:	_____	_____	_____	_____
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Comments: _____

Class size is appropriate for the program:	_____	_____	_____	_____
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Comments: _____

Program time is convenient:	_____	_____	_____	_____
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Comments: _____

Facility is adequate and clean:	_____	_____	_____	_____
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Comments: _____

Additional Comments: _____

Thank you for your time and for participating in this program.