

ADDISON PARK DISTRICT



Leisure for your lifestyle.

Confidential Program Evaluation Form

Your opinion is important to us! Please take a moment to let us know how we are doing.
Your feedback is vital to our efforts to continually improve programs for you and your family.

Program Evaluation for: Summer Fall Winter/Spring Year: _____

Program Name: _____

Instructor Name: _____

Day / Time: _____

Location: _____

1. Check one for each of the following:

	Excellent	Very Good	Good	Fair	Poor
Ease of registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

2. Would you recommend this program to others? Yes No

Why or why not?

3. How did you or your child benefit from participating in this program?

- ____ Met new friends ____ Increased self esteem ____ Lasting memories
____ Enhanced creativity ____ Learned/improved skills ____ Reduced stress
____ Improved health/fitness ____ Teamwork/sharing ____ Sense of accomplishment

Comments _____

More questions on back side.....

4. Check one for each of the following statements:

	Excellent	Very Good	Good	Fair	Poor
Registration form was clean and easy to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program was set up prior to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Instructor was:</i>					
Able to answer my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ready to begin on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How did you find out about this program?

- Park District brochure
- Flyer / poster
- Website
- Newspaper article
- Past experience
- Friend
- Other: _____

6. How did you register for this program?

- In person at a park district facility at
 - Club Fitness/Centennial Rec Center
 - Community Rec Center
- On line
- Fax
- Drop-off
- Other: _____

7. Was this process efficient? Yes No

Why or why not?

8. If you have any other comments that you feel could benefit the Park District, please list them here:

9. Do you have an idea for a future class or special event? _____

OPTIONAL: Your Name, Address, Phone & Email:

Please drop off this completed form at any park district facility.
Thank you for taking time to help us serve you better.