

BERLIN PARKS and RECREATION

108 N. Capron Street., P.O. Box 272. Berlin, WI 54923

PROGRAM EVALUATION

Parents/Participants: Please fill out the following evaluation form. It is the only way that we can determine the effectiveness of this program, and make changes needed for next season.

Name of the Program _____

Staff Person/Instructor _____

Was the program size? _____ Too Large _____ Too Small _____ Good Comment: _____

Was the program fee reasonable for the program? _____ Yes _____ No

Comments: _____

Please comment on how well the program met your expectations: _____

Please comment regarding the programs instructor: _____

Please comment on your overall satisfaction with the program: _____

Was the time slot that the program ran satisfactory? _____

Would you recommend this program to a friend? _____ Yes _____ No

What other programs would you like to see offered? _____

Additional comments/suggestions: _____

This survey may be dropped off at the City Hall between 7:30 – 4:30 OR dropped in the “water” box located in the City Hall lobby door area. This area is open 24 hours/ 7 days a week. Thank you for taking time to do this survey!