



# Program Evaluation Form

The Golf Maine Park District strives to maintain a high quality program for your child. Your input will help us to improve our program and continue to provide you with quality programming.

What program did you participate (One program per evaluation form)? \_\_\_\_\_

How did you hear about this Park District Program? Brochure \_\_\_\_\_ Website \_\_\_\_\_  
Flyer \_\_\_\_\_ Friend \_\_\_\_\_  
Advertisement \_\_\_\_\_ Other \_\_\_\_\_

Please rate the following characteristics regarding your program:

	4 = <i>Excellent</i>			1 = <i>Poor</i>	
Leaders' Enthusiasm	4	3	2	1	N/A
Leaders' Attendance (on time)	4	3	2	1	N/A
Program Content	4	3	2	1	N/A
Participant Enjoyment	4	3	2	1	N/A
Facility Cleanliness	4	3	2	1	N/A
Overall Experience	4	3	2	1	

1. Did the program meet your expectations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

2. Was the program a good value for the money you paid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

3. Was your child provided with a positive environment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

6. Are there any additional programs/classes that you would like to see added to the Park District program?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Any Additional Comments \*\*\***

\_\_\_\_\_  
\_\_\_\_\_

If you would like to further discuss program opportunities or this evaluation, please supply us with a phone number and/or email address \_\_\_\_\_

Please return your completed evaluation to the **Golf Maine Park District**

**Mail to:** 8800 Kathy Lane, Niles, IL, 60714 **Attn: Stacey Greenfield, Superintendent of Recreation**  
**eMail to:** [Stacey@gmpd.org](mailto:Stacey@gmpd.org)  
**Fax to:** 847.297.6179

Thank you.

***"Your Destination for Recreation"***