

Wells Parks & Recreation
PROGRAM EVALUATION FORM

We appreciate your participation in our recreation sponsored programs. Please help us improve and maintain the quality of our programs. Take a moment to complete the evaluation form below; all comments, positive and negative are welcome. Completed evaluations may be given to Rec. staff at the program or the office or mailed to 208 Sanford Road, Wells ME 04090. Thank you

Program: _____ **Instructor/Coach:** _____

Grade: _____ **Male/Female:** _____ **Location:** _____

Team: _____ **Date:** _____

How did you register for the program? *Rec. website* _____ *By Phone* _____ *By Mail* _____ *At program* _____

Was the registration process: (check all that apply) *Convenient* _____ *Efficient* _____ *Confusing* _____

Was information conveyed to you in a timely manner? *Yes* *Somewhat* *No* *Unsure*

Was the program organized and well run? *Yes* *Somewhat* *No* *Unsure*

Comments: _____

Was the structure of the program suitable for your child's age? *Yes* *Somewhat* *No* *Unsure*

Did your child learn or experience what you expected they would? *Yes* *Somewhat* *No* *Unsure*

Did your child learn and progress adequately in the activity? *Yes* *Somewhat* *No* *Unsure*

Did your child enjoy the program? *Yes* *Somewhat* *No* *Unsure*

Comments: _____

Was the instructor/coach on time & well prepared for each class? *Yes* *Somewhat* *No* *Unsure*

Did the instructor/coach demonstrate and explain tasks clearly? *Yes* *Somewhat* *No* *Unsure*

Did the instructor/coach communicate effectively to participants & parents concerning program information? *Yes* *Somewhat* *No* *Unsure*

Was the instructor/coach knowledgeable about the skills required for this program?

Yes Somewhat No Unsure

Did the instructor/coach treat all participants equally and fairly? *Yes Somewhat No Unsure*

Comments: _____

Was the time and amount of days for this program appropriate? *Yes Somewhat No Unsure*

How was the length of the program (# of days, weeks, or months)? *Too Long Good Too Short*

Was the cost of the program... *Too Expensive Appropriate Too Low*

Were the facilities (circle all that apply) *Large enough Too Small Great space for program*

Out of the Way Convenient In Poor Condition In Safe Condition Too Crowded

Was there enough equipment? *Yes Somewhat No Unsure*

Comments: _____

What did you or your child like best about the program? _____

What did you or your child like least about the program? _____

What, if anything would you suggest changing to the program? _____

Would you recommend this program to someone else? *Yes Somewhat No Unsure*

What other programs would you like to see offered? _____

Would you be interested in volunteering to instruct, coach, or help with a program? _____

If yes what program? _____

Thank you for answering these questions. We hope you and your child enjoyed the program and join us for other programs in the future.

Thank you,
Wells Parks & Recreation

Name appreciated but not required: _____