

**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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: \_\_\_\_\_