



## General Program Evaluation

(12-3-12)

Please answer each question to help us provide quality programs for you. Thank you!

Program Name \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Instructor: \_\_\_\_\_ Location: \_\_\_\_\_

For each statement use the following scale to select the best response  
3=Excellent, 2=Average, 1=Poor, N/A=Not Applicable

1	The instructor was professional, friendly and helpful.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
2	The instructor was knowledgeable about the program content.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
3	Please rate the facility in which the program was held.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
4	Please rate the fee for this program.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
5	This program was age appropriate.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
6	The program matched the program description.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
7	This program was a positive reflection of the Bartlett Park District.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
8	Would you recommend this program to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		N/A <input type="checkbox"/>

9. What were the two best things about this program?

1. \_\_\_\_\_

2. \_\_\_\_\_

10. What benefit(s) was obtained from participating in this program? (Check as many as apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Met New Friends     | <input type="checkbox"/> Increased Self Esteem   | <input type="checkbox"/> Sense of Accomplishment |
| <input type="checkbox"/> Lasting Memories    | <input type="checkbox"/> Learned/Improved Skills | <input type="checkbox"/> Improved Health/Fitness |
| <input type="checkbox"/> Enhanced Creativity | <input type="checkbox"/> Reduced Stress          | <input type="checkbox"/> Teamwork/Sharing        |

11. How did you hear about this program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Park District Brochure | <input type="checkbox"/> Poster            | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Flyer from School      | <input type="checkbox"/> Flyer in Facility | <input type="checkbox"/> Park District Website |
| <input type="checkbox"/> Other _____            |  |  |

12. Are there any new trends in classes/programs that you would like the park district to offer?

13. Do you have any skills/talent you would like to share with the community Please List.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Thank you for your input! Please drop completed form at any Bartlett Park District Facility.