



## ROSELLE PARK DISTRICT RECREATION PROGRAM EVALUATION

Thank you for your participation in the Roselle Park District's recreation programs. Your input is very important to us. We have developed this evaluation so that we may serve you better. Please take a few minutes to fill out this evaluation and return it to the front desk at your convenience. Thank you for your time.

PROGRAM: \_\_\_\_\_ DAY & TIME: \_\_\_\_\_

INSTRUCTOR(S): \_\_\_\_\_

SESSION: Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

		Excellent	Good	Fair	Poor
<b><u>Staff</u></b>					
1.	Punctual	4	3	2	1
2.	Knowledgeable/informative	4	3	2	1
3.	Enthusiasm/relates to class	4	3	2	1
4.	Uses class time effectively	4	3	2	1
5.	Responds to individual needs	4	3	2	1
6.	Overall staff performance	4	3	2	1

<b><u>Event</u></b>					
1.	Cost	4	3	2	1
2.	Length of class	4	3	2	1
3.	Size of class	4	3	2	1
4.	Date/time of event	4	3	2	1
5.	Activities offered	4	3	2	1
6.	Meet needs/expectations	4	3	2	1
7.	Overall program performance	4	3	2	1

1. Did your child improve his/her skills related to this program?      YES      NO
2. Did your child enjoy this program?      YES      NO
3. Would you attend this program again?      YES      NO
4. Would you recommend this program to others?      YES      NO
5. If you could change anything about this program, what would it be?

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Please make any additional comments on the back of this sheet.

