



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.