

GRAYSLAKE PARK DISTRICT PROGRAM EVALUATION FORM

Name of Program

Program Location

Instructor/Coach

1. Do you feel that the building or field area used for this program was suitable? Yes ___ No ___
If not, why? _____

2. Have you ever participated in a Grayslake Park District program before? Yes ___ No ___

3. Was the registration process fair and convenient to you? Yes ___ No ___

4. Is the time and day of the program convenient to you? Yes ___ No ___

5. Please rate the instructors/coaches on an overall basis:

	Poor	Fair	Good	Very Good	Excellent
Knowledge	___	___	___	___	___
Enthusiasm	___	___	___	___	___
Punctuality	___	___	___	___	___
Ability to work w/children	___	___	___	___	___
Organization of lessons	___	___	___	___	___
Responsibility	___	___	___	___	___

6. Do you feel that our instructors/coaches were qualified? Yes ___ No ___

Comments:

7. Were your expectations of this program met? Yes ___ No ___

8. Did you have enough information about this program, and were all your questions answered...

...before the program started?

Yes ___ No ___

...during the program?

Yes ___ No ___

9. How would you rate the overall quality of this program?

Poor
 Fair
 Good
 Very Good
 Excellent

10. Would you enroll your child in this program again? Yes ___ No ___

If not, why? _____

PLEASE TURN OVER – More questions on the back

11. Do you feel that there should be some improvements for this program? Yes ___ No ___

If yes, what? _____

12. What reason(s) did you have for enrolling your child in this program?

- ___ Develop new skills
- ___ Meet new friends
- ___ Price
- ___ Socialization
- ___ Health/Exercise
- ___ Other(specify) _____

13. How did you find out about this program?

- ___ Park District Brochure
- ___ Program Flyer
- ___ Word of Mouth
- ___ Newspaper
- ___ Other _____

14. Additional comments or suggestions: _____

15. If you feel that either you or someone you know is qualified to instruct a program or class, or could volunteer some time at the Park District, please indicate below.

Name: _____

Address: _____

Phone: _____

Area of Interest: _____

Thank you very much for supporting our programs and filling out this survey. Your input plays a very important role in planning our future programs and activities.

Please return this survey to the staff on site, Grayslake Community Park District Recreation Center, or send it to:

Grayslake Park District

Attn: Kristin Splitt
240 Commerce Drive
Grayslake, IL 60030

Thank you again for your time.