

# Waterford Recreation & Parks Commission

## PROGRAM EVALUATION FORM

Please take a few minutes with your child to consider the questions below and provide your answers. Your opinions are important and will help the Waterford Recreation and Parks Commission continue to provide courses of interest and quality. Thank you.

Name of Program: \_\_\_\_\_

Did the activity/program meet your expectations?    Yes    No

If not, how did it differ from what you expected?

Would you recommend this program to another student?    Yes    No

Please circle your answers:	Very Poor	Needs Improvement	Okay	Good	Very Good
Instructor's knowledge of subject	1	2	3	4	5
Course materials (if applicable)	1	2	3	4	5
Teacher's presentation skills	1	2	3	4	5
Program location/facility	1	2	3	4	5
Individual help if needed	1	2	3	4	5

What did you like best about the program?

What changes or improvements, if any, do you suggest?

What other activities would you suggest for the future?

The registration fee was                      Appropriate                      Low                      High

Other comments and suggestions (use back if necessary)

**PLEASE RETURN TO WATERFORD RECREATION & PARKS OFFICE OR MAIL TO:  
15 Rope Ferry Road, Waterford, CT 06385**