

Waterford Recreation and Parks Commission
PROGRAM EVALUATION

Please take a few moments to provide your program feedback. Your opinions are important and will help the Waterford Recreation and Parks Department continue to provide courses of interest and quality. Thank you.

Program: _____ Location: _____

Instructor: _____

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 individual? Yes No

Comments:

Please mark your answer:	Very Poor	Needs Improvement	Okay	Good	Very Good
Instructor's knowledge of subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course materials (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher's presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program location/facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual help if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about the program?

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

What other activities would you suggest for the future?

Other comments and suggestions:

Please return the evaluation to the Waterford Recreation and Parks
Mail to: Waterford Recreation and Parks, 15 Rope Ferry Rd., Waterford, CT 06385