

Appendix O – Program Evaluation Form

**Town of Salida
Aquatics Recreation Department
PROGRAM PARTICIPANT EVALUATION**

In our continuing effort to meet your needs in the most efficient and effective manner, we ask for your candid evaluation of your experience with our programs, events and staff by completing this evaluation form and returning it to us at your earliest convenience. Your feedback regarding our effectiveness will help us monitor the quality of our customer service. Thank you for taking the time to share your thoughts with us.

1. Are you a City of Salida Resident? _____ Yes No

2. Name of Program: _____ Location(s): _____ Date: _____

3. How did you learn about this program?
 Program Brochure Newspaper (Which one?) _____ Waterbill Newsletter Insert
 Town of Cary Website Family/Friend Radio/TV Other: _____

4. How did you register? Mail-In Other Not Applicable
 Walk-In (Where? _____)

5. If you are a parent completing this form, how many children do you have registered in this program? _____

PLEASE RATE YOUR LEVEL OF SATISFACTION ON A 1 – 5 SCALE. If rating = 3 or less please explain. Your specific comments will help us understand your level of satisfaction.

1 = Unsatisfactory 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Overall	PLEASE CIRCLE ONE					
	Unsatisfactory	Average	Average	Excellent	Excellent	
Program Satisfaction	1	2	3	4	5	
• Comments:						
Registration	Registration Process (OVERALL)	1	2	3	4	5
	Convenience	1	2	3	4	5
	Staff Courtesy	1	2	3	4	5
	• Comments:					
Instructor	Instructor (OVERALL)	1	2	3	4	5
	Effective Communication	1	2	3	4	5
	Knowledge of Subject	1	2	3	4	5
	Enthusiasm	1	2	3	4	5
• Comments:						
Facility	Facility (OVERALL)(LIST FACILITY IN COMMENTS)	1	2	3	4	5
	Cleanliness	1	2	3	4	5
	Appropriateness for Program	1	2	3	4	5
	Staff Friendliness	1	2	3	4	5
• Comments:						

1. What did you/your child like most about this program? (Use reverse if necessary) _____

2. What did you/your child like least about this program? (Use reverse if necessary) _____

3. What improvements would you recommend for this program? (Use reverse if necessary) _____

4. What other programs would you like to see offered? (Use reverse if necessary) _____

5. Please give a grade based on your level of satisfaction for this program. (Circle one.)
A=Excellent B=Above Average C=Average D=Need Improvement E=Failure

PLEASE WRITE ANY ADDITIONAL COMMENTS OR CONCERNS ON THE BACK OF THIS FORM.

Fax to:	Mail to:
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WOULD YOU LIKE TO SPEAK TO A STAFF MEMBER ABOUT YOUR EXPERIENCE? CONTACT @
Thank you for taking the time to complete this evaluation!