St. Albans Recreation Department Program Evaluation Form

In order to continue providing quality recreation programs in St. Albans, we need your help! Please take a few minutes to complete this questionnaire. Your assistance in evaluating these types of programs and services helps us to improve our offerings for future programs. We thank you for your time, suggestions, and participation.

Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructors/Coaches\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your level of satisfaction on a scale of 1-5 (1 being very poor-5 being excellent)

* Registration Process 1 2 3 4 5
* Program Fees 1 2 3 4 5
* Value Received 1 2 3 4 5
* Customer Service 1 2 3 4 5
* Facilities/Location 1 2 3 4 5
* Safety & Cleanliness 1 2 3 4 5
* Overall Satisfaction 1 2 3 4 5
* Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please rate the staff on a scale of 1-5 (1 being very poor- 5 being excellent)

* Enthusiasm 1 2 3 4 5
* Individual Attention 1 2 3 4 5
* Organization 1 2 3 4 5
* Appearance 1 2 3 4 5
* Approachability 1 2 3 4 5
* Control of group 1 2 3 4 5
* Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did the program content meet your expectations? Yes\_\_\_\_\_ No\_\_\_\_\_

How did you hear about this program?

Brochure\_\_\_\_\_ Newspaper\_\_\_\_ Friend\_\_\_\_ Website\_\_\_\_\_ Email\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you participate in this program again and/or recommend it to others?

Yes\_\_\_\_ No\_\_\_\_

In what ways might St. Albans Recreation Department better serve you?

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Would you like to be contacted by the Recreation Department concerning this evaluation?

Yes\_\_\_\_ No\_\_\_\_

Optional:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to: St. Albans Recreation Department**

 **P.O. Box 867**

 **100 North Main St.**

 **St. Albans, Vt 05478**

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