

Wake Forest Parks and Recreation Department Participant Evaluation Form

Program/Event _____ Facility _____ Date _____

Parent _____ Participant _____

The Wake Forest Parks and Recreation Department's goal is to offer the best program possible to our participants, so please take a moment to answer honestly and feel free to add comments. Please answer the following questions by circling the appropriate answers. Thank you!

A. Please indicate how satisfied you were with your experience in this activity.

1	3	5	7	10	
Highly Dissatisfied	Dissatisfied	Indifferent	Satisfied	Highly Satisfied	

B. Evaluate the elements in the program: 4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree

	SA	A	D	SD
1. The Registration process was handled efficiently	4	3	2	1
2. The staff were courteous and helpful.	4	3	2	1
3. The facilities were in good working condition				
A. Building	4	3	2	1
B. Restrooms	4	3	2	1
C. Fields	4	3	2	1
D. Lighting	4	3	2	1
E. Equipment	4	3	2	1
F. Physical Accessibility	4	3	2	1

(For classes and Athletic Teams only)

Instructor / Coach _____

4. The instructor / coach demonstrated appropriate and sufficient knowledge of material and equipment.	4	3	2	1
5. The instructor / coach presented the information in an interesting and organized manner.	4	3	2	1
6. The instructor / coach was helpful and approachable.	4	3	2	1
7. I / my child would take another class from this instructor /coach	4	3	2	1
8. The program / event met my expectations If not, why? _____	4	3	2	1

9. How did you learn of this program / event: Newspaper _____ Flyer _____ Brochure _____ Other _____

10. Please list any other programs / events you would like to see the Department offer.

11. List any comments or suggestions. (Please use the back of this form as needed)

Thank you for completing this evaluation. If you would like us to respond to any concerns, please provide your name and phone number. We will be happy to follow up with you.