

Programs & Special Events Participant Evaluation Form



The Wake Forest Parks & Recreation Department would like to ask you to evaluate our services. Please answer all questions on front and back of the evaluation form.
Please mail to Town of Wake Forest Parks & Recreation Department
301 S. Brooks St., Wake Forest, NC 27587.

Program/Event: _____ **Facility Location:** _____ **Date:** _____

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

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

B. Please rate the following elements of the program by circling the appropriate answer:

Answer Key: 4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree

	SA	A	D	SD
1. Registration process was handled efficiently	4	3	2	1
2. Staff (Courteous and Professional)	4	3	2	1
3. Please rate facilities below				
A. Safety/Security/ Location	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: Website _____ Brochure _____ TV _____ Flyer _____ Friend _____
Other (Please explain) _____ | | | | |
| 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)
_____ | | | | |

C. Demographics (Optional):

Residence:	Resident	Non-Resident	Gender:	Male	Female
Participant Age:	12 and under	13-17		18-49	50 and older

Ethnicity (Optional): _____

(OVER)

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For Wake County Human Services Community Development Block Grant purposes, please use the following information to answer the question below.

Family Size:	1	2	3	4	5	6	7	8
	\$44,150	\$50,450	\$56,750	\$63,050	\$68,100	\$73,150	\$78,200	\$83,250

Does your household income fall above or below the amount stated for your family size?

Above

Below

(please circle one)

Additional Comments or Suggestions:

If you would like more information from us regarding our events and programs, visit our website at <http://www.wakeforestnc.gov/parksrecreation.aspx>. 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.