

# PENFIELD RECREATION PROGRAM EVALUATION FORM

Please help us improve our recreation programs by filling out the following evaluation form. Return form to mail drop box by the recreation office door or mail to Penfield Recreation, 1985 Baird Road, Penfield NY 14526 or fax to 340-8617 at your earliest convenience.

Placing your name on this form is optional.

Directions: Please place a check on the line corresponding with your option.

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

Time: \_\_\_\_\_

Instructor: \_\_\_\_\_

Strongly Agree      Agree      Disagree

Participant enjoyed this class.

\_\_\_\_\_

Comments:

Class met goals of participant.

\_\_\_\_\_

Comments:

Instructor was on time and well organized.

\_\_\_\_\_

Comments:

Instructor is well qualified for program.

\_\_\_\_\_

Comments:

Class size is appropriate for type of program

\_\_\_\_\_

Comments:

Class meeting time is convenient.

\_\_\_\_\_

Comments:

Facility is adequate for program.

\_\_\_\_\_

Comments:

Other comments:

*Thank you for your time and for participating in this program.*