



Windsor Area Recreation Commission

Program Evaluation Form

Program Name: _____ Date: _____

Time: _____ Instructor: _____

Your input is important to us! Please circle the most appropriate answers below.

We appreciate any additional comments that will help improve future programs.

Overall Program Satisfaction:

- How satisfied were you with the program?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied
- How satisfied were you with your interaction with the office staff?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied
Comments _____
- Was the cost reasonable?
Yes No Comments _____
- Was the location appropriate?
Yes No Comments _____
- Was the length of the program appropriate?
Yes No Comments _____

Leader/Instructor Satisfaction:

- | | | | | |
|---|-----------|------|------|-------------------|
| 6. Communicated well with participants? | Excellent | Good | Fair | Needs Improvement |
| 7. Demonstrated knowledge of the subject? | Excellent | Good | Fair | Needs Improvement |
| 8. Well prepared and organized for the program? | Excellent | Good | Fair | Needs Improvement |

Other Comments:

- What did you like *the most*? _____
- What did you like *the least*? _____
- What areas might be improved/changed? _____
- How did you find out about this program? Circle *all* that apply.
WARC Program Guide Newspaper Radio TV Friend
Windsor Township Update Website Mail Flyer/poster Facebook
Other _____
- What other activities would you like to see offered by Windsor Area Recreation Commission?

- Additional comments (if you need more space, use the back.) _____
- _____
- (Optional) Your Name: _____
- (Optional) Your e-mail address: _____
- May we use your comments in future promotional material? Yes No

Please return this form to the instructor/leader or mail to:

Windsor Area Recreation Commission, 1480 Windsor Road, Red Lion, PA 17356