



Lombard Park District Evaluation Form



Name of Program _____

Instructor(s) _____

Location _____

Date _____

Please circle the responses which best represent your reactions to the following statements

	Strongly Agree	Agree	Disagree	Strongly Disagree
<u>Instructor(s)</u>				
1. The instructor's performance met my expectations.	SA	A	D	SD
2. The instructor was on-time for the program.	SA	A	D	SD
4. The instructor was identifiable as working for the Park District. (i.e. wearing name tag or staff shirt)	SA	A	D	SD
5. The instructor was knowledgeable about the program subject.	SA	A	D	SD
6. The instructor was friendly.	SA	A	D	SD
<u>Program Content</u>				
7. I was satisfied with the quality of this program.	SA	A	D	SD
8. The program content met my expectations.	SA	A	D	SD
9. The materials and equipment supplied for the program were acceptable.	SA	A	D	SD
10. This program was organized.	SA	A	D	SD
<u>Fees & Facilities</u>				
11. The fee charged was fair.	SA	A	D	SD
12. The facility used was adequate.	SA	A	D	SD
<u>General Information</u>				
13. The program was held on a convenient day of the week and time.	SA	A	D	SD
14. I was satisfied with the registration process for this program.	SA	A	D	SD
15. The length of the program was acceptable.	SA	A	D	SD
16. I would sign up for this program again.	SA	A	D	SD

Comments: _____

Thank you for your input!

Please return this form to Sunset Knoll Recreation Center

820 S. Finley Road Lombard, IL 60148

Standard Form

