



Lombard Park District Sports Evaluation Form

Activity _____

Class Day _____ Class Time _____

Coach _____



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) treat my child fairly.	SA	A	D	SD
2. My child likes his/her instructor(s).	SA	A	D	SD
3. The student/instructor ratio is acceptable.	SA	A	D	SD
4. The instructor(s) are available to talk with parents before or after class.	SA	A	D	SD
5. The instructor(s) give individual attention to my child when needed.	SA	A	D	SD
6. The instructor is knowledgeable about the techniques that are taught.	SA	A	D	SD
<u>Participant Development</u>				
7. I have seen an improvement in my child's physical ability.	SA	A	D	SD
8. My child looks forward to going to this activity.	SA	A	D	SD
9. My child feels he/she is learning a lot about this activity.	SA	A	D	SD
<u>Class Content</u>				
10. The program content meets my expectations.	SA	A	D	SD
11. The program sessions are organized.	SA	A	D	SD
<u>Fees & Facilities</u>				
12. The facility used is adequate.	SA	A	D	SD
13. The fee charged is fair.	SA	A	D	SD
14. I would sign my child 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 Fax: 620-0762