



RECREATION & PARKS PROGRAM EVALUATION

Your feedback is essential to ensure program quality & service variety. Please take the time to fill out this program evaluation. Your input ensures that we can continue to meet your needs.

Today's Date: _____

Program: _____ Level/Age: _____

Instructor: _____ Facility Name: _____

Year: _____ Day of Week: _____ Time: _____

Season: Winter Spring Summer Fall

Instructors (Please check ✓)	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A or Unsure
Were the instructors knowledgeable & professional?					
Were the instructors friendly and enthusiastic?					
Did the program start on time?					
Was the time well spent in class?					
Did the instructors meet your expectations?					
Did the instructors create a welcoming, fun, inclusive & comfortable environment?					
Overall rating of the instructors?					
Comments:					

Program (Please check ✓)	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A or Unsure
Was the number of participants suitable for the class?					
Was the length of the program suitable?					
Was the scheduled time for the program suitable?					
Was the content of the program what you expected?					
Was the program equipment suitable? (Quantity, quality, age appropriate)					
Was the program good value for the fee?					
Was safety considered in all aspects of program delivery?					
Did the program provide a variety of learning opportunities?					
Were there levels of skill progression?					
Did you feel included in your child's program experience?					
Overall rating of program?					
Comments:					

Communication/Registration (Please check ✓)	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A or Unsure
Was the registration process clear, concise and easy to complete?					
Did you receive program confirmations in a timely manner? (Excluding on-line registration)					
Were instructors clear in communicating program expectations?					
Did you have all the information you needed to participate?					
Overall rating of communication/registration?					
Comments:					



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Facility (Please check ✓)	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A or Unsure
Was the facility clean & free from hazards? (including showers, washrooms, etc.)					
Was the facility suitable for the program offered?					
Was the facility appropriate for the age and number of the participants?					
If you have a special need, was the facility accessible?					
Was the program area and equipment free of hazards?					
Overall rating of the facility?					
Comments:					

(Please check ✓)	Important	Somewhat Important	Not Important	Unsure
How important is the instructor/instruction to you when selecting a program?				
How important is the facility/program location to you when selecting a program?				

- Have you participated in this program before? Yes No
- Would you register for this program again? Yes No Unsure
- Would you register for another program? Yes No Unsure
- Please indicate how many sessions you registered for: 1 session 2 sessions 3 or More

How did you find out about the program? (choose one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Activity & Service Guide | <input type="checkbox"/> School | <input type="checkbox"/> Outdoor Facility Signage |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Indoor Facility Display |
| <input type="checkbox"/> E - Newsletter | <input type="checkbox"/> Neighbour or Friend | <input type="checkbox"/> Previous Participant |
| <input type="checkbox"/> Special/Sporting Event | <input type="checkbox"/> Try-it | <input type="checkbox"/> At Another Recreation Program |
| <input type="checkbox"/> Town Website | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone/Counter Enquiry |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Other _____ | |

Thank you for taking the time to complete this form. Please return one of the following ways:

- ♦ To the individual administering the evaluation ♦ Fax: 905-873-1587 ♦ E-mail: recreation@haltonhills.ca
- ♦ Seal in an envelope & drop off at the Recreation & Parks Department, Gellert Community Centre or any arena or pool.

Would you like a response to your comments? Yes No

If yes, please complete only if you would like a response;

Name: _____ Tel: _____ Date : _____
 (YY/MM/DD)

Administration only

Follow Up: _____ By Whom: _____ Date: _____
 (YY/MM/DD)

The personal information on this form is collected under the authority of Section 11 of the Municipal Act, as amended. The information is used for the purpose of evaluating program quality and service.

Questions regarding the collection of this information should be directed to the Town's Records/FOI Coordinator.