

Town of Norwell Recreation Department
Program Evaluation Form

Program: _____ **Instructor:** _____ **Location:** _____

Season: Summer 2014 **Days/Dates:** _____

How did you find out about this program? ☐ Brochure ☐ Flyer ☐ Internet ☐ School ☐ Direct Newspaper
☐ Word of Mouth ☐ Attended Previous Program ☐ Other _____

PROGRAM CONTENT

Would you recommend this program to others? Yes No Please explain:

What did you enjoy most about this program?

What did you least like about this program?

Were the programs supplies and equipment age appropriate? Yes No

Were the programs supplies and equipment in good condition? Yes No

INSTRUCTOR (Please circle one answer)

How would you rate the instructor's ability to teach/lead this program?

Excellent Good Fair Unacceptable

How would you rate the instructor on preparation and management of the program?

Excellent Good Fair Unacceptable

How would you rate the instructor's attitude & rapport with participants?

Excellent Good Fair Unacceptable

How would you rate the approachability of the instructor?

Excellent Good Fair Unacceptable

ROOM CONDITIONS

Was the room consistently kept clean? Yes No Please explain:

Were the conditions in the room safe? Yes No Please explain:

The Town of Norwell Recreation Department strives to offer the highest quality of programs and services. Thank you for taking the time to complete this program evaluation. Please use reverse side for additional comments:

Name (Optional): _____ **Phone:** _____

Please return via email to recreation@townofnorwell.net or drop off at the Recreation Department Office (Town Hall Lower Level) PO Box 295, 345 Main St. Norwell, MA 02061.