

Town of Marlborough Parks & Recreation
Program Evaluation Form

We hope your experience participating in the Parks & Recreation program was an enjoyable one. In order to best serve our participants, please complete this evaluation and return it to a Parks & Recreation staff member/instructor, or mail it to the address listed below.

Program: _____

Instructor: _____

Instructor

Rating (1 = low; 5 = high)

Did your instructor promote participation? _____

Did your instructor provide adequate instruction and teaching for a recreation program? _____

Did your instructor provide leadership and serve as a positive role model? _____

Program

Did you feel the program was organized and run professionally? _____

Quality of items provided (materials, equipment etc.) _____

Quality of the facilities used for program? _____

How did you hear about the program? _____

General

What were your reasons for participating in the program? _____

Were your (or your child's) expectations met? Yes No Partially
Explain _____

Were your expectations as a parent met (if applicable)? Yes No Partially
Explain _____

What did you (or your child) like most about the program? _____

What did you (or your child) like least about the program? _____

Did you (or your child) have fun?	Yes	No
Will you (or your child) participate next session offered?	Yes	No
Was the program worth the cost?	Yes	No

If you could make changes to the program they would include:

What are other ways in which the Parks & Recreation Department can help you or improve their services?

Comments/ Remarks: _____

Thank you for taking the time to complete this program evaluation, please drop it off to a staff member or mail to:

Town of Marlborough
Parks & Recreation Department
26 North Main Street
Marlborough, CT 06447