

# Lower Southampton Township Parks and Recreation



## Participant Evaluation

INSTRUCTIONS: CIRCLE THE APPROPRIATE NUMBER

1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

**Program Title** \_\_\_\_\_

**Program**

1. The program was beneficial to me/my child.  
a. Comments: \_\_\_\_\_
2. I have enjoyed participating in this program.  
a. Comments: \_\_\_\_\_
3. The program was well organized.  
a. Comments: \_\_\_\_\_
4. The program was a positive learning experience.  
a. Comments: \_\_\_\_\_
5. Cost of the program was fair for the service offered.  
a. Comments: \_\_\_\_\_
6. Dates and times offered were suitable.  
a. Comments: \_\_\_\_\_
7. Adequate equipment was provided.  
a. Comments: \_\_\_\_\_
8. I would recommend this program to others.  
a. Comments: \_\_\_\_\_

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**Instructor**

1. The instructor was well prepared.  
a. Comments: \_\_\_\_\_
2. The instructor had a thorough knowledge of the subject matter.  
a. Comments: \_\_\_\_\_
3. The instructor provided enthusiasm and encouragement.  
a. Comments: \_\_\_\_\_
4. The instructor was aware of safety precautions.  
a. Comments: \_\_\_\_\_
5. The student/teacher ratio was satisfactory.  
a. Comments: \_\_\_\_\_
6. I would recommend this instructor to others.  
a. Comments: \_\_\_\_\_

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**Additional Comments:**

How did you learn of this activity? (Circle one)

Recreation Calendar / Newspaper / Friend / Flier

Other: \_\_\_\_\_