# **Program Evaluation**

##### Program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle all options that apply:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How did you hear about this program?** | CommunityNewsletter | School | Poster/Flyer | Word of mouth | Previously participated | Other*Please Specify* |
| Community League Hall | Library | Leisure Centre | Road Sign | Website | Agency*Please Specify* |

Why did you participate in this program?

Did the program meet your expectations?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please check** **(if applicable)** | Excellent | **Good** | **Satisfactory** | **Unsatisfactory** | **Comments** |
| Program Quality |  |  |  |  |  |
| Program Content |  |  |  |  |  |
| Program Length |  |  |  |  |  |
| Program Fee |  |  |  |  |  |
| Time of Day |  |  |  |  |  |
| Instructor(s) |  |  |  |  |  |
| Instructor/Student ratio |  |  |  |  |  |
| Registration Process |  |  |  |  |  |
| Location/Convenience |  |  |  |  |  |

Do you have any suggestions for improving this program?

Any further comments?

On occasion, we contact participants and parents for feedback and suggestions on our registered programs. If you would be willing to be contacted, please provide your name and phone number below:

Name: Contact Number:

Thank you for completing this evaluation.

Please return completed evaluation to program instructor or mail or fax to:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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