

Chambersburg Recreation Department

Program Evaluation

Child's Name (optional) _____

Program Name _____

1. How would you rate your child's overall experience with this program?

Poor OK Good Excellent

Comments _____

2. The goal and intent of this program is to provide a fun introduction to sports, teaching the basic elements of a particular sport through a variety of fun drills and lead-up games. Do you feel this goal was accomplished?

Yes _____ No _____

Comments _____

3. How would you rate your child's improvement after participating in this program?

None Slight improvement Greatly improved Drastically Improved

Comments _____

4. How would you rate the method of teaching employed by the instructor?

Poor OK Good Excellent

Comments _____

5. Was the instructor enthusiastic about the topic(s) and encouraging towards the children?

Yes _____ No _____

Comments _____

6. Would you register your child for another Recreation Department program of this type?

Yes _____ No _____

Comments _____

7. Please list any additional comments you may like to share. Thank you for taking the time to express your thoughts as your comments are necessary tools for providing the best quality programming.
