

# Program Evaluation



Program Information			
Program name:			
Instructor:			
Date:			
Program Feedback			
Did the program content meet your expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the program fee appropriate for the service you received?	<input type="checkbox"/> Too low	<input type="checkbox"/> Just right	<input type="checkbox"/> Too high
Was the class size appropriate?	<input type="checkbox"/> Too small	<input type="checkbox"/> Just right	<input type="checkbox"/> Too large
Was the length of the program adequate? (e.g. 9 weeks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the length of the class suitable? (e.g. ½ hour)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the equipment provided meet you expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was the description of the program in the brochure accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please share why below)	
<p>Why did you register in this program?</p> <p><input type="checkbox"/> Reputation of program   <input type="checkbox"/> Location was convenient   <input type="checkbox"/> Fees were reasonable   <input type="checkbox"/> It was recommended</p> <p><input type="checkbox"/> Type of program was desired by child   <input type="checkbox"/> Only choice available at the time   <input type="checkbox"/> Returning participant</p> <p><input type="checkbox"/> Other _____</p>			
<p>How did you find out about this program?</p> <p><input type="checkbox"/> Guelph Community Guide   <input type="checkbox"/> Local community centre   <input type="checkbox"/> City of Guelph website   <input type="checkbox"/> From child's school</p> <p><input type="checkbox"/> From a friend   <input type="checkbox"/> Ad in newspaper   <input type="checkbox"/> Other _____</p>			
Would you recommend this program to a friend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Instructor Feedback			
Did the instructor conduct the class in a safe manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the class enjoyable to the participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the instructor provide adequate demonstrations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the instructor prepared for each class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the instructor knowledgeable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the instructor interact well with participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
in motion Feedback			
How many days a week are you physically active? <input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 – 4 <input type="checkbox"/> 5 – 6 <input type="checkbox"/> everyday			
<p>Typically what duration of time do you spend on physical activity?</p> <p><input type="checkbox"/> 15 min.   <input type="checkbox"/> 20 min.   <input type="checkbox"/> 30 min.   <input type="checkbox"/> 45 min.   <input type="checkbox"/> 60 min.   <input type="checkbox"/> 60+ min.</p>			
<p>What time of day is most convenient for you to participate in physical activity?</p> <p><input type="checkbox"/> morning   <input type="checkbox"/> afternoon   <input type="checkbox"/> evening   <input type="checkbox"/> late evening (after 9 p.m.)   <input type="checkbox"/> weekends</p>			

## Program Evaluation

Facility Feedback				
Please rate your level of satisfaction with the following facility areas. If they need improvement, please specify how they could be improved.				
Change rooms	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Front lobby	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Gym/room space	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Pool deck	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Additional Comments				

Please provide your name and phone number if you would like to discuss your concerns or comments.

Name:

Phone Number:

***Thank you for taking the time to complete this evaluation.***

Please return to the front desk, program instructor or mail to:

Recreation Program Coordinators  
West End Community Centre  
c/o City Hall, 1 Carden St.  
Guelph, ON N1H 3A1