



Coventry Parks & Recreation

Program Evaluation



Program Name: _____ Day/Time: _____ Instructor: _____

Please rate the following:	Strongly Agree	Agree	Disagree	Strongly Disagree
The cost of the program was appropriate	1	2	3	4
The program started and ended on time	1	2	3	4
The content of the program met my expectations	1	2	3	4
The instructor (s) greeted me and made me feel welcome	1	2	3	4
The instructor (s) acted in a professional manner	1	2	3	4
The class was enjoyable and I looked forward to attending	1	2	3	4
Space, size, and comfort of the room was sufficient	1	2	3	4
I would recommend this program to others	1	2	3	4

The one thing I liked most about the program was: _____

If I could have changed anything about the class, it would be: _____

Other programs I would like to see conducted: _____

Any comments or suggestions you have would only help to improve the quality of our programs. Please voice any concerns, either positive or negative, you had on the overall quality of the program. _____

**Please return this form to the Coventry Parks & Recreation Office located in the Town Hall;
mail to: Coventry Parks & Recreation, 1712 Main St. Coventry, CT 06238;
or fax to (860) 742-8911 or recreation@coventryct.org**

(Optional) Name: _____

Address: _____