Program Evaluation Form

We would appreciated you taking a moment to fill out the following questionnaire. It will assist us in bringing the community programs in which are enjoyable.

Program name: _____   Session/Dates:_____

1. How did you hear about this program? _____

2. Was the staff willing to help you any questions or concerns as you arrived? _____

3. Was the program what you expected of it when registering? Why or Why not? _____

_____

_____

4. Would you enroll yourself or your child in this program again? Yes____ No____

If not, what would you like to see changed:_____

_____

5. Please list any suggestions you feel would improve the program: _____

_____

6. Please list anything that you enjoyed and would like to see in the program again in the future: _____

_____

7. How did you or your child benefit from this program: _____

_____

8. Please tell us about any new programs you would like to see offered in the future by Bolton Recreation Department:

_____

_____

Any additional comments regarding the program: _____

_____

_____

_____

(optional) Name: _____

(optional) Email: _____

Program Evaluation Form

We would appreciated you taking a moment to fill out the following questionnaire. It will assist us in bringing the community programs in which are enjoyable.

This side is Specific to our Summer Camp Program– Please rate appropriately (1=poor, 3= fair and 5= excellent)

How would you rate:	1	2	3	4	5
Overall program					
Counselors					
Planned Activities and Crafts					
Location					
Registration Process					
Helpfulness of the parent handbook					
Lake Days					
Workshop days					
Sign in and out procedures					

Any specific activities/crafts/workshops that you *would* like to see again in future years :

_____

_____

Any specific activities/crafts/workshops that you *would not* like to see again in future years :

_____

_____