

Date of Evaluation: _____

Program name: _____

Suggest some programs you would like us to offer.

1. _____ 3. _____

2. _____ 4. _____

Where did you find out about the program? *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Leisure Guide | <input type="checkbox"/> Poster/ Promotional event |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Facebook or Twitter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Friends or Family | |

	Circle one	Comments and suggestions
The Leisure Guide description of the program was clear.	Yes or No	
Was the program space appropriate?	Yes or No	
Do you feel the price was reasonable for the program?	Yes or No	
Was it easy to register for this program?	Yes or No	
Should this program be offered at another time/day/date?	Yes or No	
The program instructor was knowledgeable, professional, welcoming and supportive.	Yes or No	
Would you recommend this program to a friend?	Yes or No	If not, why?
What would you like to see different about this program?		

What is the main reason you participated in this program? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Physician recommended | <input type="checkbox"/> Needed for school/ employment |
| <input type="checkbox"/> Reduce stress and improve health | <input type="checkbox"/> Enhance my skills or physical abilities |
| <input type="checkbox"/> Friend asked me to attend | <input type="checkbox"/> Other: _____ |

If you would you like us to contact you about any of your comments or concerns please leave your contact information.