



Program Evaluation

The Huron Parks and Recreation Department is committed to offering broad based, recreation activities and leisure opportunities for all ages and abilities for the community of Huron and surrounding areas.

We would appreciate any comments you have on your experiences with our department. It is very helpful to us in planning future programs.

In which program did you or your child participate? _____
Who conducted the program? (list all instructor's names):

Please tell us what you thought of the program? Check your choices below or N/A for not applicable.

	Excellent	Good	Satisfactory	Needs to Improve
1. Registration/Reservation Process				
2. How was the quality of the program?				
3. Please rate the program				
4. Was the instructor well prepared?				
5. Did the program meet your expectations?				
6. Was the program well paced?				
7. Overall satisfaction?				

What could have made your experience more enjoyable? _____

How did you hear about the program? _____

Would you recommend this program to a friend? _____

Please list any additional comments (including any comments about City Parks)

Optional

Name: _____ Address: _____ City: _____

Phone: _____ Email: _____

Would you like to be contacted? Yes No

We appreciate the time you have taken to complete this evaluation. To show our appreciation, your name will be entered into a drawing, which will be held at the end of the year for a \$10 credit voucher to use toward any Huron Parks and Recreation Program. **THANK YOU!**