

TELL US WHAT YOU THINK!
PROGRAM EVALUATION

In an effort to better serve you, please add your views and comments in the space provided. When you have completed the form please return to the instructor, program director or the address below.

PROGRAM NAME: _____

DATE: _____

	Excellent	Good	Needs Improvement
Quality of the Program?			
Did the instructors/coaches work well with the participants?			
Did the program meet your expectations?			
Was the length of the program sufficient?			
Based on the cost, did the Program meet your expectations?			
Overall Satisfaction?			

What new programs would you like to see? _____

Any additional comments? _____

(OPTIONAL: Name/Address/Phone) _____

THANK YOU FOR YOUR COMMENTS ☺
Webster Parks and Recreation Department/985 Ebner Drive/585-872-2911
websterparksandrecreation.org