

Participant Evaluation

The Southern Valley County Recreation District (SVCRD) is committed to keeping you satisfied with your special interest classes and programming. Please let us know how we are doing. We look forward to hearing from you!

1. General Information

- a. Class Name _____
- b. Instructor Name _____

2. How did you hear about this program?

- | | | |
|----------------|-------------------|--------------------|
| Activity Guide | Newspaper Article | Email Notification |
| Website | Flyer | Word of Mouth |
| Other _____ | | |

3. How would you prefer to hear about SVCRD Programs?

- | | | |
|----------------|-------------------|--------------------|
| Activity Guide | Newspaper Article | Email Notification |
| Website | Flyer | Word of Mouth |
| Other _____ | | |

4. Please select your preference on the subjects below.

- | | | | | | |
|--|----------------|-------|------------|----------|-------------------|
| a. The class was a fun and positive experience. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| b. I would recommend this class to others. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| c. The instructor was well prepared and organized. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| d. The instructor was skilled and knowledgeable. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| e. The instructor was friendly, helpful and enthusiastic. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| f. The facility was clean and well maintained. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| g. The facility was safe and appropriate for the activity. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
| h. I am satisfied with the value I received for my money. | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |

i. I am satisfied with the payment/registration options.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

5. Please fill in the following questions/statements.

- a. How would you be more satisfied?
- b. What new programs would you like to be offered by the SVCRD?
- c. Please share any other comment you may have about your experience with us.

6. – Optional –

- a. **Name**
- b. **Phone Number**

Submit Reset