



Grove City Parks and Recreation

Youth Program Evaluation



Please help us provide the best customer service possible by completing and returning at your earliest convenience.

Program Name: _____

Instructor/Coach Name (optional): _____

Program Date: _____

Program Time: _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
1. Based on what I observed or what my child told me about this program, my child has improved his/her:					
Ability to follow directions	<input type="checkbox"/>				
Appreciation of subject matter	<input type="checkbox"/>				
Attention span	<input type="checkbox"/>				
Creativity/imagination	<input type="checkbox"/>				
Fine motor skills (cutting, writing, etc.)	<input type="checkbox"/>				
Gross motor skills (balance, running, etc.)	<input type="checkbox"/>				
Self confidence	<input type="checkbox"/>				
2. The instructor/coach for this program:					
Was clear and understandable	<input type="checkbox"/>				
Was knowledgeable on the subject matter	<input type="checkbox"/>				
Was courteous and helpful	<input type="checkbox"/>				
Provided a safe and caring environment	<input type="checkbox"/>				
3. The instructor to participant ratio was appropriate	<input type="checkbox"/>				
4. The program was offered at a convenient day and time	<input type="checkbox"/>				
5. The program was a good value for the fee	<input type="checkbox"/>				
6. Registration was convenient	<input type="checkbox"/>				
7. Overall, this program was beneficial	<input type="checkbox"/>				

8. Where did you hear about this program? _____

- 9. The Parks and Recreation Department offers the following benefits (please check all that apply):**
- | | |
|---|--|
| _____ Safe environments | _____ Contributes to a healthy lifestyle |
| _____ Positive youth engagement | _____ Increased quality family time |
| _____ Attracts new resident housing and business growth | _____ Other: _____ |

- 10. Which is the best way for your household to receive information about any program, service and/or facility available through the Parks and Recreation Department (please rank your preferences, with 1 as your most preferred method of communication and 8 your least preferred?)**
- | | |
|--------------------------|-----------------------------|
| _____ Newspaper | _____ Word of mouth |
| _____ Posters and flyers | _____ Direct e-mail |
| _____ The Source | _____ City entrance signage |
| _____ City website | _____ Other: _____ |

11. If you would like to receive Grove City's free e-newsletter, please provide your e-mail (optional):

12. If you would like a staff person to contact you, please provide your name and phone number (optional)
 Name: _____ Phone: _____

Additional space for comments is available on the back. Thank you!