



Recreation Department Program Evaluation Form

The Town of Riverhead Recreation Department is committed to keeping you satisfied with our services. Please provide the following information and check the answer that best describes your experience.

Program Name: _____ Date: _____ Participant Age: _____

Who is completing this survey: **Participant** **Parent/Guardian of Participant**

Instructor

- The quality of instruction received for this class was:
Excellent Good Satisfactory Poor Very Poor
- The instructor's knowledge of the subject was:
Excellent Good Satisfactory Poor Very Poor
- The instructor's organization and time management was:
Excellent Good Satisfactory Poor Very Poor
- The instructor's capability to adapt the programs content to the ability of participants was:
Excellent Good Satisfactory Poor Very Poor

Program

- The content covered in this program was
Excellent Good Satisfactory Poor Very Poor
- The days and times this course was offered was
Excellent Good Satisfactory Poor Very Poor
- The fee charged for this program was
Excellent Good Satisfactory Poor Very Poor

Registration Process

- You registered for the class via: **Walk-in Website Mail Phone**
- How would you rate your registration experience?
Excellent Good Satisfactory Poor Very Poor
- Office staff was knowledgeable and courteous
Excellent Good Satisfactory Poor Very Poor Does Not Apply

Facility

- The facility and equipment offered for this class were
Excellent Good Satisfactory Poor Very Poor

Overall Experience

- Would you repeat this course? **Yes No**
- Would you recommend this course to others? **Yes No**
- Did the value of this program meet or exceed the value you paid? **Yes No**

Comments/Additional Program Suggestions:

How did you find out about this program? **Website Newspaper Activity Brochure Friend**
 School Flyer Email Other: _____

**Please return completed evaluations to:
recreation@riverheadli.com
Riverhead Recreation Dept. 200 Howell Ave. Riverhead, NY 11901**