



**Town of Kearny
RECREATION DEPARTMENT
Town Hall - 402 Kearny Avenue
Kearny, New Jersey 07032
Telephone: (201) 955-7983 Fax: (201) 955-2379**

PROGRAM EVALUATION FORM

Dear Participants/Parents:

The Kearny Recreation Commission and Department value your input on how to improve and better meet the needs of the community in which we serve. The recreational staff wants to ensure that you and/or your child have a positive experience. In order to help us best plan for the next season and make positive changes, we would appreciate you taking a few moments to fill out our survey.

General Program Information:

Program: _____

Session/Dates: _____

Program or Class Location: _____

Instructor/Play Leader Name: _____ Year: _____ Day: _____

Overall, were you satisfied with the program? _____ Yes _____ No

Communication and Staff:

- | | | | | |
|--|-----------|---------|-----------|-------|
| 1. How well have we kept you informed regarding activities and our schedule? | Excellent | Good | Fair | Poor |
| 2. Do you feel as though our staff is approachable, and that you are able to communicate concerns and ideas? | Always | Usually | Sometimes | Never |
| 3. Do we meet your needs and/or concerns in a timely manner? | Always | Usually | Sometimes | Never |
| 4. Do you feel that you and/or your child received the individual attention needed? | Always | Usually | Sometimes | Never |
| 5. Is the staff friendly and respectful to both you and/or your child? | Always | Usually | Sometimes | Never |
| 6. Did the instructor display a concern for the safety of you and/or your child? | Always | Usually | Sometimes | Never |
| 7. Did you feel the instructor was well prepared for the classes? | Always | Usually | Sometimes | Never |

Program Objectives:

Do you feel the program was beneficial for you and/or your child? _____

If not, please explain: _____

1. Were you satisfied with the program's objectives? _____

2. Were the classes challenging enough for you and/or your child? _____

Overall:

How do you think we can improve the program in the following areas?

a) Organization/Administration

b) Program Objectives

c) Staff

d) Facility/Location

What activities and ideas would you like to see more of in the future?

Please tell us what you enjoyed the most/least about our program:

How did you find out about this program: Brochure _____ Flyer _____ Newspaper _____ Community Sign _____

Email _____ Friend _____ Online _____ Other: _____

Suggestions for new programs/special events: _____

Comments: _____

Please return or drop off the evaluation at the Recreation Department.

USE REVERSE SIDE TO CONTINUE COMMENTS IF NECESSARY.

Thank you for taking the time to complete this evaluation. Your comments are appreciated.

We look forward to seeing you again.