

Chesterfield County Parks and Recreation Program Evaluation Form

Program Name _____ Date: _____

Location _____

*Your input is important to us! Please circle the most appropriate answers below.
We appreciate any additional comments which will help improve future programs.*

Overall Program Satisfaction:

1. How satisfied were you with the program?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

2. How satisfied were you with the customer service provided by the Parks and Recreation staff?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied Not applicable

Comments _____

3. How satisfied were you with the cost of the program?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied Not applicable

Comments _____

4. How satisfied were you with the time(s) of the program?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied Not applicable

Comments _____

Leader/Instructor Satisfaction:

5. Communicated well with the participants? Excellent Good Fair Poor

6. Demonstrated knowledge of the subject? Excellent Good Fair Poor

7. Well prepared and organized for the program? Excellent Good Fair Poor

Other Comments:

8. What did you like *the most*? _____

9. What did you like *the least*? _____

10. What areas might be improved/changed? _____

11. What other activities would you like to see offered by Parks and Recreation?

12. Additional comments (If you need more space, use the back.)

13. (Optional) Your name: _____

14. (Optional) Your e-mail address: _____



Revised 9/10

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in public service*

Web site: chesterfield.gov

Please return this form to the instructor/leader
or mail to: P.O. Box 40, Chesterfield, VA 23832

