



PARKS AND RECREATION DEPARTMENT

Class Evaluation

Thank you for taking a moment to give your feedback.

Class name: _____ Instructor's name: _____

Class start date: _____ Season: _____

Please rate the following questions on a scale from 1 – 5. Please circle one

1= do not agree, 2= somewhat agree, 3= undecided, 4= agree, 5= highly agree, or No Opinion

- 1. The class met my needs or expectations 1 2 3 4 5 No Opinion
- 2. The instructor was effective in their teaching skills 1 2 3 4 5 No Opinion
- 3. The facility meet the needs of the class 1 2 3 4 5 No Opinion
- 4. The day, time and length of the class were suitable 1 2 3 4 5 No Opinion
- 5. The fees charged appropriate for the class 1 2 3 4 5 No Opinion
- 6. Please rate your overall experience 1 2 3 4 5 No Opinion
- 7. I would recommend this class to a friend 1 2 3 4 5 No Opinion
- 8. I take this class again or another class taught by this instructor 1 2 3 4 5 No Opinion
- 9. The class description was an accurate representation of the class 1 2 3 4 5 No Opinion
Any additional information you might have found helpful?

10. How did you hear about this Parks and Recreation class? *Please circle one*

Activity Guide Email Website Social Media Flyer Other _____

11. How did you register for this class? *Please circle one* **Online In-person Phone Mail**

12. Please rate your registration experience 1 2 3 4 5 No Opinion

Comments:

Are there any other classes/programs you would like to see offered through Parks & Recreation?

