



# Grove City Parks and Recreation

## Adult/Senior Program Evaluation



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

**Program Name:** \_\_\_\_\_

**Instructor's Name (optional):** \_\_\_\_\_

**Program Date:** \_\_\_\_\_

**Program Time:** \_\_\_\_\_

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
<b>1. This program provided:</b>					
Social opportunities	<input type="checkbox"/>				
Stress reduction	<input type="checkbox"/>				
Increased knowledge of subject	<input type="checkbox"/>				
Improved self confidence	<input type="checkbox"/>				
<b>2. The instructor for this program:</b>					
Was clear and understandable	<input type="checkbox"/>				
Was knowledgeable on the subject	<input type="checkbox"/>				
Was courteous and helpful	<input type="checkbox"/>				
Provided a safe and caring environment	<input type="checkbox"/>				
<b>3. The instructor to participant ratio was appropriate</b>	<input type="checkbox"/>				
<b>4. The program was offered at a convenient day and time</b>	<input type="checkbox"/>				
<b>5. The class was a good value for the fee</b>	<input type="checkbox"/>				
<b>6. Registration for this class was convenient</b>	<input type="checkbox"/>				
<b>7. Overall, this program was beneficial</b>	<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!