

NEWTON PARKS AND RECREATION DEPARTMENT PROGRAM EVALUATION

The Newton Parks and Recreation Department is dedicated to offering quality programs for the residents of Newton. Please complete this evaluation and return it to the program leader, or mail it to:

Newton Parks and Recreation, 70 Crescent St, Newton, MA 02466

Program Attended: _____ Date: _____

Name (optional): _____

PROGRAM	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Staff members were easy to recognize.	5	4	3	2	1
2. Staff members were friendly and easy to talk to.	5	4	3	2	1
3. The program has been a positive experience.	5	4	3	2	1
4. The program content was what I expected.	5	4	3	2	1
5. The program was age appropriate for participants.	5	4	3	2	1
6. The length of the program was adequate.	5	4	3	2	1
7. The time of day the activity was offered was convenient.	5	4	3	2	1
8. The day(s) the program was offered was convenient.	5	4	3	2	1
9. The program was affordable.	5	4	3	2	1
10. The facility was clean and in adequate condition.	5	4	3	2	1
11. The registration process was convenient.	5	4	3	2	1
11. What did you like most about this program? _____					

12. What could we do to improve this program? _____

13. What additional programs would you be interested in? _____

DEMOGRAPHICS

14. Do you live in Newton? Yes No If not, in which City do you live? _____

15. How many years have you participated in Newton Parks and Recreation Programs? _____

16. How did you hear about the program? (please circle) Word of mouth Newspaper NewTV
PTA Newsletter Brochure or Flyer Internet Other _____

BENEFITS	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. Because of this program, I have learned a new skill.	5	4	3	2	1
18. Because of this program, I made new friends.	5	4	3	2	1
19. Because of this program, I was more active.	5	4	3	2	1
20. Because of this program, I had fun.	5	4	3	2	1

We care about what you think. Thank you for taking the time to complete this evaluation.