

TOWN OF GRANBY
GRANBY RECREATION DEPARTMENT
15 NORTH GRANBY ROAD
GRANBY, CT 06035
1-860-844-5356

Program Evaluation Form

In order to provide better and more vital programming for the residents/users of recreation activities, we are asking for your comments, both positive and negative. Please complete and return to us. We have an outside drop box for your convenience OR mail to:

Granby Recreation Dept.
15 North Granby Road
Granby, CT 06035

Program/Trip/Activity: _____

Date(s): _____

Participant in this activity was: self _____ child _____ family _____

How did you find out about this activity?

Yankee Flyer _____ Drummer _____ Flyer _____ Called Office _____

Word of Mouth _____ Other _____ Specify: _____

Have you or your child participated in Recreation Department programs before? Yes _____ No _____

After participating in this activity, did you or your child know more than before? Yes _____ No _____

Did the program meet your expectations? Yes _____ No _____

Was the length of the activity: just right _____ too long _____ too short _____

Was the cost: just right _____ too low _____ too high _____

Would you have your child participate in this activity again? Yes _____ No _____

Are you aware that there are program scholarships? Yes _____ No _____

Was the instructor/coach well prepared? Yes _____ No _____

Was the counselor/instructor/coach well organized? Yes _____ No _____

Did the instructor/coach relate well with the group? Yes _____ No _____

Were the facilities adequate? Yes _____ No _____

Comments are welcome:

—

Programs/trips/activities I would like to see the Recreation Department offer:

—

Your name is optional. I would like someone to call me. _____

NAME: _____ PHONE: _____

Thank you for your cooperation.

DATE: 3/30/94
TO: Parents of '94 Ski Sundown Program
FROM: Kay A. Woodford, Director of Parks & Recreation
SUBJECT: Program Evaluation

Memo

We have been requested by Sundown to evaluation four (4) different areas of their after-school program: lifts, rentals, ski school (lessons) and trails. In an effort to respond in the manner of how the parents and participants perceive the program, I am doing a random mailing. Once I have the results, I will correlate them and return the information to Sundown.

Also, please complete the attached Recreation Department Evaluation Form. Any additional comments on transportation and/or chaperones for the ski program should be identified on this form.

Please return to me by 4/15/94.

Thank you.



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Program/Trip/Activity: _____ Nutcracker Tea _____
Date(s): _____ Sunday, December 12, 2004 _____

Participant in this activity was: self _____ child _____ family _____
How did you find out about this activity?
Yankee Flyer _____ Drummer _____ Flyer _____ Called Office _____
Word of Mouth _____ Other _____ Specify: _____

Have you or your child participated in Recreation Department programs before? Yes _____ No _____

Did this program meet your expectations? Yes _____ No _____

Was the length of the activity: just right _____ too long _____ too short _____

Was the cost: just right _____ too low _____ too high _____

Would you participate in this activity again? Yes _____ No _____

Are you aware that there are program scholarships? Yes _____ No _____

Were the facilities adequate? Yes _____ No _____

Comments are welcome: _____

Programs/trips/activities I would like to see the Recreation Department offer: _____

Your name is optional. I would like someone to call me. _____

NAME: _____ PHONE: _____

Thank you for your comments.