

CITY OF TEMPE PARKS AND RECREATION DEPARTMENT
KIWANIS PARK RECREATION CENTER

6111 S. All America Way Tempe, AZ 85283

(480) 350-5201 TDD (480) 350-5050

www.tempe.gov/pkrec/krc

PROGRAM EVALUATION FORM

We appreciate your taking the time to fill out the following evaluation. Your assistance in evaluating these types of programs and services helps us to improve our offerings. We thank you for your time, suggestions and participation! Please leave the completed evaluation forms at the Kiwanis Park Recreation Center front desk. KRC staff should leave the completed forms in the Recreation Supervisor's mailbox.

Program: _____ Instructor: _____ Date: _____

Please rate your level of satisfaction on a scale of 1—5:

(1 being very poor, 5 being excellent)

Comments:

- | | | |
|-------------------------------|---------------------------|-------|
| → Registration Process | 1.....2.....3.....4.....5 | _____ |
| → Program Fees | 1.....2.....3.....4.....5 | _____ |
| → Value Received | 1.....2.....3.....4.....5 | _____ |
| → Customer Service | 1.....2.....3.....4.....5 | _____ |
| → Facilities & Accommodations | 1.....2.....3.....4.....5 | _____ |
| → Safety & Cleanliness | 1.....2.....3.....4.....5 | _____ |
| → Overall Satisfaction | 1.....2.....3.....4.....5 | _____ |

Please rate your instructor on a scale of 1—5:

(1 being very poor, 5 being excellent)

Comments:

- | | | |
|-------------------------------|---------------------------|-------|
| → Enthusiasm | 1.....2.....3.....4.....5 | _____ |
| → Individual attention | 1.....2.....3.....4.....5 | _____ |
| → Knowledge of material | 1.....2.....3.....4.....5 | _____ |
| → Organization of class | 1.....2.....3.....4.....5 | _____ |
| → Preparation for class | 1.....2.....3.....4.....5 | _____ |
| → Promptness | 1.....2.....3.....4.....5 | _____ |
| → Approachability after class | 1.....2.....3.....4.....5 | _____ |
| → Control of class | 1.....2.....3.....4.....5 | _____ |

Did the instructor communicate the outcomes/objectives of the program? ☐ YES ☐ NO

Did the program content meet your expectations? ☐ YES ☐ NO

Was the program offered at a convenient time? ☐ YES ☐ NO

How did you hear about this program?

☐ Newspaper ☐ Radio ☐ Television ☐ Tempe Opportunities Brochure ☐ Flier
☐ Friend ☐ Internet ☐ Listserve ☐ Other _____

Would you participate in this program again and/or recommend it to others? ☐ YES ☐ NO
Why? _____

In what areas have the Parks and Recreation Department enhanced your quality of life?

☐ Personally ☐ Family ☐ Socially ☐ Economically ☐ Other: _____
(please explain)

How? _____

In what ways might the Parks and Recreation Department better serve you? _____

Would you like a Recreation Coordinator to contact you? ☐ YES ☐ NO

Name: _____

Your telephone number: _____

Concerning? _____

If you would like e-mail updates regarding classes and events at Kiwanis Recreation Center, please leave your name and e-mail address below. We will not share your e-mail address.

Name: _____

E-mail: _____

Name: _____ Date: _____

Please Sign & Date



Thank You!