

Wall Township Recreation

2700 Allaire Rd
Wall, NJ 07719



Recreation Program Evaluation Form

Activity or Sport: _____ Date: _____
 Activity Level or Team: _____ Participant's Age _____

In an effort to better serve the community and to ensure the utmost quality of our programs, Wall Recreation would like for you to take a moment and assess the activity or sport you or your child participated in.

Grading Description

5=Excellent	Program expectations were exceeded
4=Good	Program expectations were met and sometimes exceeded
3=Satisfactory	Program was adequate and expectations were sometimes met
2=Fair	Program often failed expectations & needs improvement
1=Unacceptable	Program consistently failed & must have improvements made

Program

-Program was enjoyable	1	2	3	4	5
-Program location was convenient	1	2	3	4	5
-Program times were convenient	1	2	3	4	5
-Registration Fees	1	2	3	4	5
-Office hours were convenient	1	2	3	4	5
-Registration process was efficient	1	2	3	4	5

Comments: _____

Staff

-Instructors/Coaches were friendly & helpful	1	2	3	4	5
-Office staff was knowledgeable & courteous	1	2	3	4	5
-Questions were promptly answered	1	2	3	4	5
-Professionalism	1	2	3	4	5

OVER--->

-Instructors/Coaches were motivating	1	2	3	4	5
-Instructors/Coaches were organized	1	2	3	4	5
-Instructors/Coaches were prompt & on time	1	2	3	4	5
-Instructors/Coaches encouraged participation	1	2	3	4	5
-Instructors/Coaches helped build self esteem	1	2	3	4	5

Comments: _____

Facilities

-Cleanliness	1	2	3	4	5
-Size	1	2	3	4	5
-Equipment	1	2	3	4	5
-Location	1	2	3	4	5

Comments: _____

How did you learn about this program? (Please Circle)

School Flyer		Newspaper		Email List		Friend		Rec Office
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Other: _____

Wall Recreation appreciates all your concerns regarding the programs & facilities we offer. Please use this space to make additional comments to help us serve you better.

Optional Information:

I would like to discuss my concerns with someone...

In Person Name: _____

By Phone Phone: _____

By Email Email: _____

THANK YOU!