The Freeport Park District is always looking to improve our recreation programs. Please help us accomplish this by taking some time to provide feedback about the quality of the program you attended. Thank you for your time and consideration.

Name of Program: _______________________________________________     Date: _______________________

1. What is your age group?
   4-5          6-9         10-19        20-29         30-39         40-49         50-59         60+

2. Where did you learn about the program?
   Park District Catalog       Friend       Newspaper       Radio       Flyer       School Newsletter       Other ________

3. What attracted you to this program? ____________________________________________________________

4. Please rate the following.
   1 - Poor        2 - Needs improvement        3 - Good        4 - Great        5 - Couldn’t be better     N/A – Not Applicable

   Facilities / Location:   Low          High   Comments:
   Appropriate for program  1  2  3  4  5  N/A
   Cleanliness             1  2  3  4  5  N/A
   Comfort                 1  2  3  4  5  N/A

   Instructor / Leader:
   Communication suitable to group  1  2  3  4  5  N/A
   Depth of knowledge about topic  1  2  3  4  5  N/A
   Enthusiasm / Leadership    1  2  3  4  5  N/A
   Punctuality               1  2  3  4  5  N/A

   Program:
   Content / Quality of material  1  2  3  4  5  N/A
   Length of program             1  2  3  4  5  N/A
   Price                        1  2  3  4  5  N/A
   Food                         1  2  3  4  5  N/A

5. What did you like most? _______________________________________________________________________________

6. What did you like least? _______________________________________________________________________________

7. Were your expectations: Exceeded      Met      Not met
    If they were not met, why? ____________________________________________________________

8. Would you recommend this program to a friend or relative? Yes       No
    If no, why not? ____________________________________________________________

9. What suggestions do you have for improving the program? ____________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

10. What other programs would you like to see offered? ___________________________________________________________________________

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