



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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