



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 the participant's age?
 18 and under 19-29 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. (N/A - Non-applicable)
N/A – Not Applicable 1 - Poor 2 - Needs improvement 3 - Good 4 - Great 5 - Couldn't be better

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

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

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

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? _____

Freeport Park District
 1122 S. Burchard Ave.
 P.O. Box 417
 Freeport, IL 61032

Phone: (815) 235-6114
 Fax: (815) 233-9210
 email: rschneider@freeportparkdistrict.org
 web-site: www.freeportparkdistrict.org