

CHEBEAGUE RECREATION CENTER PROGRAM EVALUATION FORM

Please help us improve our recreation programs by filling out the following evaluation form. Return form to instructor, CRC office or mail to Chebeague Recreation Center, 382 North Road, Chebeague Island, ME 04017

Placing your name on this form is optional.

Directions : Please place a check on the line corresponding with your opinion.

Program Name: _____

Time: _____ Instructor: _____

	Strongly Agree	Agree	Disagree
Participant enjoyed this class. Comments:	_____	_____	_____
Class met goals of participant. Comments:	_____	_____	_____
Instructor was on time and well organized. Comments:	_____	_____	_____
Class size is appropriate for type of program Comments:	_____	_____	_____
Class meeting time is convenient. Comments:	_____	_____	_____
Facility is adequate for program. Comments:	_____	_____	_____
Program was reasonably priced Comments:	_____	_____	_____

Recommendations as to how to improve the program:

Please list any other programs that you would like to see CRC offer:

Other comments:

Thank you for your time and for participating in this program