Southold Town Recreation Department
Instructor Evaluation/Program Survey

We hope your experience participating in our recreation program was an enjoyable one. We would greatly appreciate hearing from you. Please take a few minutes to provide us with your feedback.

Please list the name and date(s) of the program you participated in:

_____

Instructor's Name: _____

On a scale of 1-5 (5 being the best), how would you rate the overall program experience?

☐1 ☐2 ☐3 ☐4 ☐5

On a scale of 1-5 (5 being the best), please rate the convenience of the class times:

☐1 ☐2 ☐3 ☐4 ☐5

Please rate the facility where the program was held:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

Satisfaction with Instructor:

Please rate the instructor and his/her knowledge regarding the course topic:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

The program/activity fulfilled the written description in the brochure:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

The instructor started the program on time:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

Instructor's attitude and demeanor toward participants:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

The instructor came prepared to teach this program:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

The instructor used class time effectively:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

The instructor was responsive to your needs:

☐Excellent ☐Good ☐Average ☐Fair ☐Poor

Did you have a good experience with this program? ☐Yes ☐No

Please explain: _____

_____

What did you (or your child) like most about the program?

_____

_____

What did you (or your child) child like least about the program?

_____

_____

Was the class size appropriate?
☐Yes ☐No

I would recommend this program to others:
☐Yes ☐No

Was the program worth the cost?
☐Yes ☐No

Was the length of the program appropriate?
☐Yes ☐No

Comments:_____

_____

Would you sign up for this program/activity again? ☐Yes ☐No

If you could change anything about this program, what would it be?

_____

_____

Please list any programs or activities that are not currently offered that you would like Southold Town to offer, in order of preference.

_____

_____

What are other ways in which the Recreation Department can help you or improve our services?

_____

_____

Additional comments, suggestions, etc: _____

_____

Thank you for completing this survey. We value your input as it helps us to try and provide the best programs possible for our residents.

Survey can be mailed to:
Southold Recreation Department
PO Box 267
Peconic, NY 11958

or emailed to:
Janet Douglass
Recreation Supervisor
JanetD@SoutholdTownNY.gov