

**Richmond Recreation
Program Evaluation**

What program are you evaluating: _____ Age Division: _____

1. What would be your overall rating of the Program?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

2. How would you rate the cost (value of our program/special event)?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

3. As a parent, how would you rate your child's experience with his/her coach?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

4. How would you rate the communication between regarding information about practices, games, etc.?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

5. Will you participate again next year?

 YES NO MAYBE

6. How would you rate the appreciation from the spectators, players, and coaches toward the program?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

7. How would you rate the Richmond facilities?

1 2 3 4 5 6 7 8 9 10
Unsatisfactory Satisfactory Good

8. What can the recreation Dept. change to make next year better? _____

What did you like best about the Program? _____

Please return to the City Collectors Office-205 Summit St. Richmond, MO 64085 or Mail to Haley Morrissey-205 Summit St. Richmond, MO 64085. THANKS for being part of Richmond Recreation!