

**Richmond Recreation
Youth Program Evaluation**

The Richmond Recreation Department is continually looking for ways to develop the quality of its programs. One way to do that is by evaluating the program through a post season survey. Please help us out by completing, and returning this survey to the Recreation Office. Thanks for being part of Richmond Rec.!

What program are you evaluating: _____ Age Division: _____

Team Name _____ Coach's Name _____

Please rate on a scale from 1-5 (1 being lowest- Unsatisfactory, 5 being highest-Very satisfied).

1. What would be your overall rating of the Program? _____
2. How would you rate the cost/value of our program? _____
3. Did your child have fun? _____
4. How would you rate the communication regarding information about practices and games? _____
5. Will you participate again next year? _____
6. How would you rate appreciation shown by spectators, players and coaches towards the program? _____
7. How would you rate the Richmond facilities? _____
8. Was the program fun for your child? _____
9. Does your child look forward to practices? _____
10. Does the coach make practices fun for the players? _____
11. Is the coach approachable by both players and parents? _____
12. Does your child feel good about their practices when they leave? _____
13. Does the coach motivate your child in a positive manner? _____
14. Does the coach promote team cohesiveness and good sportsmanship? _____
15. Has your child shown a pattern of improvement? _____
16. Has the team as a whole shown a pattern of improvement? _____
17. Did your coach treat opposing players, coaches and parents with dignity & respect? _____
18. Did your coach treat referees with dignity & respect? _____
19. Did your coach regularly attend practices & games? _____
20. Did your child regularly attend practices & games? _____
21. Would you want your coach invited back? _____
22. Did you volunteer to assist your coach at practices & games? _____
23. Overall has your child's Rec. experience been positive? _____

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

What did you like best about the program? _____

If you would like to be contacted please feel free to leave your contact information.
Name _____ Phone Number _____

Please mail to City Hall 205 Summit St. Richmond, MO 64085.

THANKS for being part of Richmond Recreation!