

Village of Evendale Department of Recreation
10500 Reading Road, Evendale, OH 45241
(513) 563-2247

PROGRAM EVALUATION

TELL US WHAT YOU THINK. . .WE WILL LISTEN.

Baseball, Basketball or Soccer (Please circle) _____ Date_____

Name (Optional)_____

AGE/DIVISION (Please circle) _____

Coaches Name_____

We would like you (the participant) to complete this form. We want to know what you think! If you have any additional comments that you may wish to make, we'd love to hear them. Please e-mail this form to Kristen.maiden@evendaleohio.org or return the form to the recreation center. Thank you for your time.

Did you have fun this season?

If you answered "yes"- explain what you liked.

If you answered "no"- explain why you didn't have fun.

Did you learn new skills or become better at skills you already knew?

Did you make new friends?

Did you like your coach? Explain, if you answered no.

Will you play baseball, basketball, soccer again?

How was your field? Was it hard to play on? or Was there anything you didn't like about your gym?

What else do you have to say???