PROGRAM EVALUATION

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

Baseball, Basketball or Soccer (Please circle) Date ________
Name (Optional) ____________________________________________

AGE/DIVISION (Please cirle) ___________________________________
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???