

How Are We Doing?

Program Evaluation

Program Name: _____

Date: _____

1. What was your overall level of satisfaction of this program?

Excellent Very Good Good Satisfactory Needs Improvement

2. How would you rate the quality of leadership?

Excellent Very Good Good Satisfactory Needs Improvement

3. What qualities did you observe in the leader? (Check all that apply)

Knowledgeable Enthusiastic Safe Punctual Organized

4. What qualities did you find suitable with regard to the facility? (Check all that apply)

Location Size Temperature Cleanliness

5. Was the time of the program suitable?

Yes No

6. How did you find out about the program?

Active Living Guide Poster Radio Television Newspaper Online
School Newsletter Brochure Word of Mouth Other _____

Please use the back page for any comments and suggestions 😊

Could we have your permission to use your comments as testimonials? Yes No

Would you like a programmer to contact you regarding this evaluation? Yes No

Name: _____ Phone Number: _____

Email: _____

Best Time to Contact You: Morning Afternoon Evening Via email

Thank you for taking the time to complete this evaluation. The RDN is always striving to provide quality programs, and your feedback will enable us to continue to do so. Please return this evaluation to Ravensong Aquatic Centre, Oceanside Place, or the Bowser office, located at Eyes on BC.