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Program name \_\_\_\_\_ location \_\_\_\_\_ date \_\_\_\_\_

Session ►  winter  spring  summer  fall

What was your level of satisfaction with:

|            | very pleased             | moderately pleased       | not very pleased         |
|------------|--------------------------|--------------------------|--------------------------|
| program    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Which of the following reasons explains why you registered? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> socialization | <input type="checkbox"/> mastering skills  | <input type="checkbox"/> weight loss             |
| <input type="checkbox"/> medical       | <input type="checkbox"/> exercise          | <input type="checkbox"/> self-worth              |
| <input type="checkbox"/> motivation    | <input type="checkbox"/> mental relaxation | <input type="checkbox"/> acquired knowledge      |
| <input type="checkbox"/> fun           | <input type="checkbox"/> support           | <input type="checkbox"/> health/wellness/fitness |
| <input type="checkbox"/> other ► _____ |  |  |

What benefits did you receive? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> better knowledge about benefits of recreation  | <input type="checkbox"/> made friends             |
| <input type="checkbox"/> improved skills  | <input type="checkbox"/> more active              |
| <input type="checkbox"/> increased energy level   | <input type="checkbox"/> had fun                  |
| <input type="checkbox"/> achieved a personal goal   | <input type="checkbox"/> improved quality of life |
| <input type="checkbox"/> learned something new  |   |
| <input type="checkbox"/> improved health ► <input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> mental <input type="checkbox"/> social <input type="checkbox"/> self-worth |   |

Was the program what you expected it to be  yes  no

Would you recommend this program to a friend  yes  no

What did you like best about the program

Was there anything you did not like about the program

How did you hear about this program?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> e-mail         | <input type="checkbox"/> brochure            | <input type="checkbox"/> local paper             |
| <input type="checkbox"/> mail out       | <input type="checkbox"/> web site            | <input type="checkbox"/> previously participated |
| <input type="checkbox"/> bulletin board | <input type="checkbox"/> class announcements | <input type="checkbox"/> friend                  |

Are there any programs not currently offered that you would like to take?

Was the program offered at a good time  yes  no, better time would be \_\_\_\_\_

Was the program a good value for your money  yes  no

# Registered Program Participant – Evaluation Parent

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For parents of children and tots **under 6 years of age**

What are the benefits or outcomes you **hoped** to achieve for you or your child? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> have fun                           | <input type="checkbox"/> meet other parents with young children          |
| <input type="checkbox"/> improve my child's social skills   | <input type="checkbox"/> improve my child's physical abilities           |
| <input type="checkbox"/> improve my child's self-confidence | <input type="checkbox"/> improve comfort level in un-parented situations |

What benefits did your child experience? (check all that apply)

My child:

- |   |   |
|---|---|
| <input type="checkbox"/> is less anxious when I leave                                   | <input type="checkbox"/> gets along better with peers   |
| <input type="checkbox"/> demonstrates more positive behaviour                           | <input type="checkbox"/> had fun  |
| <input type="checkbox"/> is more prepared for kindergarten                              | <input type="checkbox"/> has improved fine motor skills<br>(cutting, writing, grasping small objects) |
| <input type="checkbox"/> has improved gross motor skills<br>(running, jumping, balance) | <input type="checkbox"/> has improved cognitive skills<br>(recognize most colors, numbers, shapes)    |

What benefits did you receive because of your child's participation? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> I feel less anxious about leaving my child | <input type="checkbox"/> I enjoyed meeting other parents          |
| <input type="checkbox"/> I have more time to attend to other tasks  | <input type="checkbox"/> I learned activities to do with my child |

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Would you like us to contact you in regards to any concerns you may have expressed?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

**OR**

\_\_\_\_\_  
E-mail address

### Collection and use of personal information

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to contact you regarding any concerns you may have expressed about this program. If you have any questions about the collection, use or disclosure of this information contact the Coordinator, Central Services, Recreation, Parks and Culture at 780-467-2211.