



COMMUNITY SERVICES RECREATION PROGRAM EVALUATION FORM

Class Title _____ Instructor _____ Session Dates _____

Who is completing this survey? Participant Parent/Guardian of Participant

Instructor

- The quality of instruction received from this class was:

Excellent	Good	Satisfactory	Unsatisfactory
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- The instructor's knowledge of the subject was:

Excellent	Good	Satisfactory	Unsatisfactory
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- The instructor's ability to adapt the content to the ability of the participant was:

Excellent	Good	Satisfactory	Unsatisfactory
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Program

- The content covered in the program was:

Excellent	Good	Satisfactory	Unsatisfactory
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- The days and time this course was offered was:

Excellent	Good	Satisfactory	Unsatisfactory
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- The fee charged for the program was:

Excellent	Good	Satisfactory	Unsatisfactory
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- How well did this program meet your expectations:

Excellent	Good	Satisfactory	Unsatisfactory
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- The facility and equipment offered for this class were:

Excellent	Good	Satisfactory	Unsatisfactory
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Overall Experience

- Would you take this class again? Yes No
- Would you recommend this course to others? Yes No
- How well did the Community Services staff address your needs?

Excellent	Good	Satisfactory	Unsatisfactory
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Comments/Suggestions:

How did you find out about this program? Website Shoreline Brochure Flyer
 Friend Other: _____

Please return completed evaluations to the Community Services Department:

CommunityServices@sealbeachca.gov

Community Services 211 8th Street, Seal Beach, CA 90740