

# Program Evaluation

Name (optional) \_\_\_\_\_

Name of Program: \_\_\_\_\_

Dates of Program: \_\_\_\_\_

	Excellent	Very Good	Good	Fair	Poor
1. Appropriateness of Activities					
2. Attitude of Staff					
3. Preparedness of Staff					
4. Quality of Supervision					
5. Appropriateness of Facility					
6. Appropriateness of Overall Program					
7. Content of Program					

8. Were there any activities that your child particularly liked or disliked?

10. Were there any activities you would like to see in the future?

11. Was the staff attentive and open to ideas, interests, or problems that may have arisen during the session?

12. Do you feel that the hours of the program were suitable? Please elaborate.

13. Was the program a positive experience overall for you and your child?

14. Would you or your child participant in this program again? Why?

15. Any other comments and or suggestions?