



CITY OF FRUITA RECREATION PROGRAM EVALUATION

You are very important to us! We are committed to excellence by providing high quality programs and services. Please help us evaluate our programs by filling out and returning this evaluation.

Name of Program _____ **Instructor** _____

Date Attended _____ **Location** _____

INSTRUCTOR	Excellent	Good	Fair	Poor	Very Poor
<i>Knowledgeable</i>					
<i>Professional</i>					
<i>Motivating</i>					
<i>Prompt</i>					
<i>Well Organized</i>					
<i>Instruction Method</i>					
<i>Leadership Style</i>					

PROGRAM	Excellent	Good	Fair	Poor	Very Poor
<i>Content</i>					
<i>Schedule</i>					
<i>Fee</i>					

FACILITY	Excellent	Good	Fair	Poor	Very Poor
<i>Cleanliness</i>					
<i>Size</i>					
<i>Equipment</i>					
<i>Parking</i>					

(Additional questions and evaluation requests on the back of this form)

City of Fruita Parks and Recreation - 325 E. Aspen, Fruita CO 81521
(970) 858-0360 recreation@fruita.org www.fruita.org

Do you have any suggestions on how to improve the program?

	How did you learn about the program?
<i>Flyers – Display</i>	
<i>Activity Guide</i>	
<i>City Link - newsletter</i>	
<i>Fruita Web Page</i>	
<i>e-mail Announcement</i>	
<i>Kiosk – bulletin board</i>	
<i>Friend</i>	
<i>Other</i>	

Please list other programs you would like offered:

REGISTRATION PROCESS	Excellent	Good	Fair	Poor	Very Poor
<i>On-line</i>					
<i>Walk-In</i>					
<i>Mail</i>					

Registration Process Comments:

Permission to quote you and use your name? (only regarding Registration Process)	Yes	No
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Name: _____ Signature: _____ Phone: _____

Please return this evaluation by mail, or directly to the Parks and Recreation office:

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