



VOLUSIA COUNTY PARKS, RECREATION & CULTURE  
PROGRAM EVALUATION SURVEY

1. What program did you attend? \_\_\_\_\_

2. What did you enjoy most about the program? \_\_\_\_\_

3. How do you rate the primary instructor/coach? (Please choose one.)

EXCELLENT          VERY GOOD          GOOD          POOR

4. How do you rate other assisting staff? (Please choose one.)

EXCELLENT          VERY GOOD          GOOD          POOR

5. Overall, how do you rate the program? (Please choose one.)

EXCELLENT          VERY GOOD          GOOD          POOR

6. Do you plan to encourage others to take this program in the future? YES or NO

7. Do you plan to enroll in a future Leisure Services program? YES or NO

8. What other programs would you like to see offered by Leisure Services? \_\_\_\_\_

Other Comments:

9. Participant's age \_\_\_\_\_

10. Your contact information (optional)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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11. Which best describes the kind of program you attended?

SPORTS          ART          NATURE          SPECIAL EVENT (one-day)          OTHER

12. How did you hear about this program? (Please choose all that apply.)

a. *Leisurely Times* book \_\_\_\_\_

b. Flyer \_\_\_\_\_

c. Newspaper article \_\_\_\_\_

d. Word of mouth \_\_\_\_\_

e. Internet \_\_\_\_\_

f. Other \_\_\_\_\_

13. Today's date: \_\_\_\_\_

**THANK YOU!!!**