



**VOLUSIA COUNTY LEISURE SERVICES
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 _____

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!!!