

**CITY OF SPARKS PARKS AND REC DEPARTMENT  
PROGRAM EVALUATION FORM**



Your comments and suggestions are vital to our ongoing efforts to provide for the health, inspiration and recreation opportunities of the people of Sparks through the creation and maintenance of high quality programs, facilities and community special events. Please share your opinions of the program you or your child(ren) just participated in.

**Program:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

1. How would you rate the quality of the program? Circle one.

1                      2                      3                      4                      5  
 Poor      Below Average      Average      Above Average      Excellent

Comments: \_\_\_\_\_

2. How would you rate the staff/coaches/instructors? Circle one.

1                      2                      3                      4                      5  
 Poor      Below Average      Average      Above Average      Excellent

Comments: \_\_\_\_\_

3. How would rate the facility? Circle one.

1                      2                      3                      4                      5  
 Poor      Below Average      Average      Above Average      Excellent

Comments: \_\_\_\_\_

4. What did you like best? \_\_\_\_\_

5. What did you like least? \_\_\_\_\_

6. Suggestions for improvement: \_\_\_\_\_

7. What other classes or programs would you like to see offered (please include age group to be served)? \_\_\_\_\_

8. How did you find out about this program?      \_\_\_ Website      \_\_\_ Television      \_\_\_ Radio  
 \_\_\_ Newspaper      \_\_\_ Activity Guide      \_\_\_ Friend      \_\_\_ School Flyer

Other-please specify: \_\_\_\_\_

9. Daytime phone or email address so we may respond to your concerns: \_\_\_\_\_

<b>The following is OPTIONAL and will be used for demographic or purposes only:</b>	
Participants' zip code: _____	Participants' age: _____
Participants' ethnicity: _____	Participants' gender: _____

**Please return this form to our front desk staff, fax to 353-2401 or mail it to:**

**City of Sparks Parks and Recreation Department**

**Attn: Tracy Domingues**

**98 Richards Way**

**Sparks, NV 89431**

Visit us at [www.sparksrec.com](http://www.sparksrec.com)

**Thank you for your time and patronage!**