



# CITY OF MARLBOROUGH RECREATION DEPARTMENT

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## CLASS/PROGRAM EVALUATION FORM

The Marlborough Recreation Department strives to provide the best service to our customers, and we welcome comments that will help us achieve this goal and improve our services. Please assist us in evaluating and improving our program(s) and/or facilities by answering the questions below. Thank you for taking the time to complete this survey. Please return the completed form to MRD at the above address.

Class/Program Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Facility/Location: \_\_\_\_\_

1. Have you ever participated in any of our programs before this? ☐ Yes ☐ No

2. Are you a Marlborough resident? ☐ Yes ☐ No **If no**, in which City do you reside? \_\_\_\_\_

3. How did you learn about the program(s)? *Please choose one:*

☐ Newspaper ☐ Flyer ☐ Social Media ☐ Department Brochure/Activity Guide

☐ Word-of-Mouth ☐ Website ☐ Other: \_\_\_\_\_

4. Which categories most influenced your decision to participate in the program(s)? *Choose all that apply:*

☐ Convenient Time ☐ Instructor ☐ Reputation of Classes ☐ Not Offered Elsewhere

☐ Quality of Facility ☐ Good Value ☐ Other: \_\_\_\_\_

5. How did we do? Please rate each of the following (circle one on each line):

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent N/A = Not Applicable

Customer Service 1 2 3 4 5 N/A      Facility 1 2 3 4 5 N/A      Equipment 1 2 3 4 5 N/A      Instruction 1 2 3 4 5 N/A

Staff 1 2 3 4 5 N/A      Overall Experience 1 2 3 4 5 N/A      Met Expectations 1 2 3 4 5 N/A

6. Based on your experience, would you re-register for this program? ☐ Yes ☐ No

7. What did you like best about the program(s)? \_\_\_\_\_

8. What changes would you like to see made? Please be specific. \_\_\_\_\_

9. What other program(s) would you like to see offered? \_\_\_\_\_

10. Do you have any skills or talents that you could offer to the Department? \_\_\_\_\_