



**Community Services Department
PROGRAM EVALUATION**

Your feedback is essential to ensure program quality & service variety. Please take the time to fill out this program evaluation with your child. Once completed please hand back to program staff.

Program Name: _____

Instructors Name(s): _____

Session: Spring Summer Fall Winter **Year** _____

Participant Age:
 1- 3 years 4-5 years 6-9 years 10-12 years 13-17 years 18+

Program Location: _____

How did you hear about this program?

Community Guide Website/Facebook Friends Signs/Posters Other: _____

Program Instructor:

| Questions | Strongly Disagree | Disagree | Agree | Strongly Agree | N/A C |
|---|-------------------|----------|-------|----------------|-------|
| The leader shows warmth, interest, respect, and positive leadership during the program. | | | | | |
| The leader is aware of all children, pays attention to safety concerns and adjusts supervision for various ages and activities. | | | | | |
| The leader focuses attention on children and always uses appropriate language and behavior. | | | | | |
| The leader was always on time and ready to start the program at the designated start time. | | | | | |
| What do you like best about your leader? | | | | | |

Program Delivery & Interactions:

| Questions | Strongly Disagree | Disagree | Agree | Strongly Agree | N/A |
|--|-------------------|----------|-------|----------------|-----|
| Children know each other, show respect and cooperation towards each other. Everyone appears to be included and having fun. | | | | | |
| Questions | Strongly Disagree | Disagree | Agree | Strongly Agree | N/A |
| Activities appear to match interests and needs of children while offering choice, variety, and balance. | | | | | |
| My child is active/participating for the majority of the program time. | | | | | |
| The program was delivered as specified in its description. | | | | | |
| What do you like best about the program? | | | | | |



Facility/Equipment:

| Questions | Strongly Disagree | Disagree | Agree | Strongly Agree | N/A |
|---|-------------------|----------|-------|----------------|-----|
| The facility and program space allows for a great program experience. | | | | | |
| Program supplies and equipment were available to all participants. | | | | | |

Are there any programs that you would like to see offered by the Township of King:

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ADDITIONAL COMMENTS:

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THANK YOU FOR COMPLETING OUR SURVEY!

Please return to your Program Leader or submit to the Coordinator – Recreation Coordinator, at programs@king.ca or in-person at the King Township Municipal Centre
 2585 King Road, King City, ON, L7B 1A1
 Monday – Friday 8:30am-4:30pm