

**WE VALUE YOUR INPUT!**

The Lake in the Hills Parks & Recreation Department values your input regarding current and future programs. Please take a moment to complete this form and turn it in to your program instructor or our Department.

•You may also rate our programs online at [www.lith.org](http://www.lith.org)•

Program Title: \_\_\_\_\_ Year: \_\_\_\_\_

Season: \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall



	GREAT	AVERAGE	POOR	N/A		
Was the program fun and enjoyable?	5	4	3	2	1	0
Was the program educational?	5	4	3	2	1	0
Were new skills/techniques developed?	5	4	3	2	1	0
Was your instructor knowledgeable, fun, & enthusiastic?	5	4	3	2	1	0
Would you recommend this instructor/program to others?	5	4	3	2	1	0
Did the program meet your expectations?	5	4	3	2	1	0
Were you able to find the program location?	5	4	3	2	1	0
Was the facility well cleaned and maintained?	5	4	3	2	1	0
Upon registering, was the staff friendly, helpful, & courteous?	5	4	3	2	1	0
Overall, were you satisfied with this program offering?	5	4	3	2	1	0

Comments/Suggestions: \_\_\_\_\_

What programs you would like to see offered in the future: \_\_\_\_\_

**How did you find out about this program?**

\_\_\_\_ Recreation Brochure \_\_\_\_\_ Flyer \_\_\_\_\_ Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Online \_\_\_\_\_ Other \_\_\_\_\_

**How do you prefer to register?**

\_\_\_\_ By Mail \_\_\_\_\_ In Person \_\_\_\_\_ On Line \_\_\_\_\_ Drop Box \_\_\_\_\_ Other \_\_\_\_\_

Name (Optional) \_\_\_\_\_

Phone (optional) \_\_\_\_\_

Email (Optional) \_\_\_\_\_

*Thank you!*

