

# Class & Instructor Evaluation Form

The Southfield Parks and Recreation Department is continually striving to offer the best in programs and customer service. Please help us focus our attention on what is most important to you, our customer, by taking a moment to fill out this evaluation form.

Please use the following scale when replying:

1 - Strongly Disagree    2 - Disagree    3 - Do Not Agree or Disagree    4- Agree    5 - Strongly Agree

## Registration

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The staff was helpful with any questions or concerns that you had with regard to registration. | 1 | 2 | 3 | 4 | 5 |
| 2. You were provided with adequate information on your program.                                   | 1 | 2 | 3 | 4 | 5 |
| 3. The staff was friendly and considerate.  | 1 | 2 | 3 | 4 | 5 |
| 4. The registration process was quick and hassle-free.  | 1 | 2 | 3 | 4 | 5 |

## Class Content

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 5. The course was what you expected based based on the course description.                         | 1 | 2 | 3 | 4 | 5 |
| 6. The material was covered adequately.  | 1 | 2 | 3 | 4 | 5 |
| 7. Material was presented in a way that was easy to follow whether a beginner or advanced student. | 1 | 2 | 3 | 4 | 5 |
| 8. Based on the class content, the course fee is appropriate.                                      | 1 | 2 | 3 | 4 | 5 |

## Instructor

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 9. Instructor was knowledgeable of course subject.                                 | 1 | 2 | 3 | 4 | 5 |
| 10. Instructor spent adequate time explaining new/difficult subjects or exercises. | 1 | 2 | 3 | 4 | 5 |
| 11. Instructor was open to, and helpful with, questions.                           | 1 | 2 | 3 | 4 | 5 |
| 12. Instructor was on time and prepared for each class meeting.                    | 1 | 2 | 3 | 4 | 5 |
| 13. I would take another course offered by this instructor.                        | 1 | 2 | 3 | 4 | 5 |
| 14. I would take this course again.  | 1 | 2 | 3 | 4 | 5 |

## Facility

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 15. Facility in which the program was held was clean and appropriate for the activity. | 1 | 2 | 3 | 4 | 5 |
| 16. Facility staff were helpful and friendly.  | 1 | 2 | 3 | 4 | 5 |
| 17. Facility was safe and secure.  | 1 | 2 | 3 | 4 | 5 |

Over Please

Instructor Name \_\_\_\_\_ Course Title \_\_\_\_\_

**What did we forget?**

Please make additional comments on the lines provided.

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Where did you learn about this program? (Circle all that apply)

Southfield Living Magazine      Program Flyer      City Website      News Article      Word of Mouth      Other

Due to your participation in this program, did you spend additional money in the Southfield community?      Yes      No  
If yes, how much? \_\_\_\_\_

Would you like someone from the Parks & Recreation Department to contact you in regard to this evaluation form?      Yes      No

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Thank you for your time and effort in assisting us as we strive to improve our programs.

Please return this evaluation form to  
Southfield Parks & Recreation Department  
26000 Evergreen Road, P.O. Box 2055  
Southfield, MI 48037-2055

