



HILLSBORO PARKS & RECREATION Evaluation Form

It is important for us to know if we are meeting your expectations. Your evaluation of the program will assist us in maintaining a high quality of programming. Please turn in your evaluation sheet to the instructor or mail it directly to the Parks and Recreation office:

4400 NW 229th Ave, Hillsboro, OR 97124.

Date: _____
Class/Camp: _____
Instructor: _____

Participant Information:
Male/Female Age: _____

Please Circle the Appropriate Number:

EXCELLENT GOOD FAIR POOR

Registration Process	1	2	3	4
Quality of Facility and Equipment	1	2	3	4
Quality of Program	1	2	3	4
Safety of Program	1	2	3	4
Ratio of Leaders to Participants	1	2	3	4

Please Rate the Leader(s):

Was prompt, organized, and prepared	1	2	3	4
Was enthusiastic	1	2	3	4
Was friendly	1	2	3	4
Was outgoing & communicated clearly	1	2	3	4
Was knowledgeable	1	2	3	4
Did age appropriate activities	1	2	3	4
Gave equal attention to all	1	2	3	4
Pace of activity	1	2	3	4
How would you rate the leader(s) overall	1	2	3	4

Overall, were you satisfied with the course? YES / NO

Would you participate in the program again? YES / NO

Comments: _____

What other programs/activities would you like to see offered by the Hillsboro Parks and Recreation Department? _____

If you would like a response, please complete the following:

Name: _____ Phone: _____

Address: _____

Thank you!