



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SOUTHERN BOONE AREA PROGRAM SURVEY

Program Title: _____ Instructor Name: _____

Overall	Excellent	Above Satisfactory	Satisfactory	Below Satisfactory	Unsatisfactory
Overall, how would you rate this program?					

Comments: _____

If applicable, would you participate in this program again?	Yes _____	No _____
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Comments: _____

Would you recommend this program to a friend or family member?	Yes _____	No _____
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Comments: _____

Staff	Excellent	Above Satisfactory	Satisfactory	Below Satisfactory	Unsatisfactory
Overall					
Knowledge in program area					
Enthusiasm, Confidence					

Comments: _____

Facility	Excellent	Above Satisfactory	Satisfactory	Below Satisfactory	Unsatisfactory
Quality of Equipment					
Cleanliness					

Comments: _____

	Excellent	Above Satisfactory	Satisfactory	Below Satisfactory	Unsatisfactory
Ease of registration/payment?					

Comments: _____

	Website	Social Media	Newspaper	Other
How did you hear about this program?				

Comments: _____

Did you/your child enjoy the program?	Yes _____	No _____
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Was there a program offered at the time you desired?	Yes _____	No _____
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Did the staff communicate effectively with you?	Yes _____	No _____
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Did this program meet your expectations?	Yes _____	No _____
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Please provide comments or suggestions for bettering this program in the future.	
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Thank you for your assistance in the evaluation of this program. Your opinion contributes to the continued development and improvement of our programs.

Please return by _____