



New Bern Park and Recreation

Program Evaluation Report Supervisor's Program Assessment

To be attached to the Program Evaluation report

Program Name: ColorSplash Programmer: Emmitt Godette

1. **Did the program or event address each of the 5 determinants as described in the programmer's program proposal? Explain.**

Yes. The program met the determinants. Emmitt was very well planned out with the program and made sure he met all determinants.

2. **Did the programmer reach the established goals as described in the programmer's program proposal using the SMART model?
: Specific (S), Measurable (M), Achievable (A), Realistic (R) and Time-bound (T) Explain.**

Yes. Emmitt was realistic in what the campers could do and made it fun for them. The outcomes were measurable and achievable.

3. **Did the programmer meet department standards with advertising information? Was the established timeline for the program adhered to? Explain.**

Yes. Emmitt met all department standards in advertising and adhered to the established timeline.

4. **Based on the Program Evaluation report submitted and support documentation what is your evaluation of this program? What are your recommendations?**

I thought the program met its goals and objectives. It is my recommendation to continue the program.



New Bern Park and Recreation Program Evaluation Report

After your program/event has concluded this Program Evaluation Form must be completed and submitted to your immediate supervisor. Completion of this form will assist the department with continuing to provide quality programs. The information submitted on this form should be based on surveys, evaluations, and documented observations.

Date of Program: _____ Program Title: ColorSplash Summer Camp Location: West New Bern Rec.

Instructor: Emmitt Godette # of total participants 12

Activity Type

- | | | |
|---|--|--|
| 1. <input checked="" type="checkbox"/> Seasonal Program | <input type="checkbox"/> Event | |
| 2. <input type="checkbox"/> Facilitated Activity | <input checked="" type="checkbox"/> Self Directed Activity | <input type="checkbox"/> Contracted Activity |
| 3. <input checked="" type="checkbox"/> Fee-based | <input type="checkbox"/> Non Fee-based | <input type="checkbox"/> Cooperative Program |
| <input type="checkbox"/> Outreach | | |

Did the program fall short, meet, or exceed the purpose or mission statement as described in your program proposal? Explain. If purpose or mission was not met, describe what changes need to be considered to meet the purpose or mission and how to implement those changes.

The program met its purpose. Students were able to experience new forms of art as well as work with artist grade materials while enjoying their summer break.

Did the program serve the target demographic as described in your program proposal? Be specific. (age, gender, ect.) . If target demographic was not met, describe what changes need to be considered to meet target demographic and how to implement those changes.

ColorSplash did serve it's target audience. All participants were currently in middle school. There were 6 boys and 6 girls enrolled in the camp.

Did the program fall below, meet, or exceed the list of goals the program must reach in order to be successful as described in your program proposal? Explain using your listed goals. . If list of goals was not met, describe what changes need to be considered to meet the goals and how to implement those changes.

Again, the program did meet the proposed goal and mission. Students were able to complete art projects on artist grade materials.

Did the program have all the necessary resources needed? Where the resources allocated in a timely manner? Explain. (Examples are space requirements, equipment, staffing, transportation etc.) . If necessary resources were not allocated, state the reason why and what can be done to ensure resources are available for this program going forward.

The program had all necessary resources.

Based on your evaluation process and participant feedback describe the overall evaluation outcome of this program. Indicate whether the program should be continued, be re-evaluated, or discontinued. (Submit copies of participant evaluation forms and programmer notes to establish justification).

All participants and their parents were pleased with the program. ColorSplash was very successful.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒

ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities
in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ Color Splash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒

ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities
in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

there is nothing else.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒

ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

1. A



Christiana Edwards

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒

ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

Donovan

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒

ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

New Bern Parks and Recreation Department

Art Programs

The City of New Bern Parks and Recreation Department strives to improve and expand current programming. Please take moment to complete this survey, providing us with feedback to continually offer high quality recreation programs for the citizens of New Bern. We appreciate your time, response, and continued participation.

1. Which session did your child attend?

☒ ColorSplash Art Camp

The following questions concern with your opinion of program facility (i.e. conditions of facility gym, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

- | | | | | | |
|---|---|---|---|---|---|
| 2. The facility was clean and well presented. | 1 | 2 | 3 | 4 | 5 |
| 3. Entrances and exits were properly lighted. | 1 | 2 | 3 | 4 | 5 |
| 4. The facility had no boundaries to individuals with disabilities. | 1 | 2 | 3 | 4 | 5 |
| 5. The facility presented a safe atmosphere. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program personnel (i.e. staff, volunteers, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 6. Personnel performed their duties with the utmost professionalism. | 1 | 2 | 3 | 4 | 5 |
| 7. Personnel treated each participant fairly and equally. | 1 | 2 | 3 | 4 | 5 |
| 8. Personnel are organized with activities and events. | 1 | 2 | 3 | 4 | 5 |
| 9. Personnel involvement contributed to participant's personal growth | 1 | 2 | 3 | 4 | 5 |
| 10. I would participate in this program with current personnel. | 1 | 2 | 3 | 4 | 5 |

The following questions concern with your opinion of the program procedures (i.e. registration, payments, scheduling, etc.). Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 11. Registration time and locations are easy and convenient. | 1 | 2 | 3 | 4 | 5 |
| 12. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 13. I receive notices/announcements about program activities in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 14. The fee for this program is reasonable. | 1 | 2 | 3 | 4 | 5 |
| 15. I would recommend this program to others. | 1 | 2 | 3 | 4 | 5 |

Please leave additional comments below.

El had so much fun in Coloursplash. El
would love to come again