

New Bern Park and Recreation Program Evaluation Report

Program Evaluation Forms must be completed and submitted to your immediate supervisor within 5 working days after the end of the program/event. Completion of his 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:	Pro	rogram Title:	
Location:Instructor:		Total participants:	
Activity Type:			
Seasonal Program	Ev	Event	
Facilitated Activity	Se	Self Directed Activity Contracted Activity	
Fee-based	No	Non-Fee-based Cooperative Program Outreach	
		Comments	
Program held as scheduled day and time?	Yes/No	0	
Resources available in timely manner?	Yes/No	0	
Target demographic reached?	Yes/No	0	
Effective promotion of program/event?	Yes/No		
User fee feedback?	Yes/No	0	
Program/Event remained within budget	Yes/No	0	
Potential risks minimized?	Yes/No	0	

Provide a detailed explanation on whether the program was below, met, or exceeded the expectations based on the approved proposal. Provide detailed recommendations on whethe program/event should continue, be re-evaluated, or discontinued.							
Signature	Date						
Facility Manager Comments:							
Signature	Date						
Recreation Superintendent Comments:							
Signature	 Date						
Overall Recommendation:							
Signature	Date						



Coastal Christmas Flotilla- December 3, 2016

The City of New Bern Parks & 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. Please read the following statements and show how much you agree or disagree with each one by circling the appropriate number.

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.

Personnel performed their duties with the utmost professionalism.
 Personnel treated each participant fairly and equally.
 Personnel are organized with activities and events.
 Personnel involvement contributed to participant's personal growth
 I would participate in this program with current personnel.

The following questions concern 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.

6. Registration time and locations are easy and convenient.
7. I received information on program registration in a timely manner.
8. I receive notices/announcements about program activities in a timely manner.
9. I would recommend this program to others.
1 2 3 4 5
2 3 4 5
3 4 5
4 5
5 1 2 3 4 5
6 1 2 3 4 5
7 2 3 4 5
8 2 3 4 5
9 3 4 5
9 3 4 5
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9 3 4 5

Please give your thoughts on beginning the flotilla route at 4:30pm, as opposed to the traditional 5:30pm start-time?

lease lear	ve additional comme	nts below:			ÿ.	
Vote	by public	for	best	was	great!	
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- 2. Personnel treated each participant fairly and equally.

 1 2 3 4 5
- 3. Personnel are organized with activities and events. 1 2 3 🐠 5
- 4. Personnel involvement contributed to participant's personal growth 1 2 🕏 4 5
- 5. I would participate in this program with current personnel. 1 2 3 🕖 5

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- 8. I receive notices/announcements about program activities in a timely manner.

 1 2 3 4 5
- 9. I would recommend this program to others. 1 2 3 4 6

Please give your thoughts on beginning the flotilla route at 4:30pm, as opposed to the traditional 5:30pm start-time?

Please leave additional comments below:

30 seemed	a little	too early,	5:00 PM would be O/c
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Program Evaluation

 Which class/event did you attend? □ Family & Friends Board Game Night □ Life-Like Portraits □ Intro. to iPad □ Joggin Noggin
Please read the following facility focused statements and circle the appropriate number that corresponds with your experience.
1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree
 The facility was clean and well presented. Entrances and exits were properly lighted. The facility had no boundaries to individuals with disabilities. The facility presented a safe atmosphere.
Please read the following personnel focused statements and circle the appropriate number that corresponds with your experience.
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 was 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 again with current personnel. 1 2 3 4 5
Please read the following procedure focused statements and circle the appropriate number that corresponds with your experience.
 11. Registration time and locations are easy and convenient. 12. I received information on program registration in a timely manner. 13. I receive notices/announcements about program activities in a timely manner. 14. The fee for this program is reasonable. 15. I would recommend this program to others. 16. I would recommend this program to others. 17. I would recommend this program to others. 18. I would recommend this program to others. 19. I would recommend this program to others. 10. I would recommend this program to others.
Please leave additional comments below TO SEE THE BECOME A
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Program Evaluation

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15. I would recommend this program to others. Please leave additional comments below NULL IT Agacin (1	2	3	4	(5)
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Program Evaluation

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Please leave additional comments below This is a fun Activity. This program sho The presented was organized, personable a f Thankyou!	ul	ld w	<u>b</u> 0	offered again





Program Evaluation

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Please leave additional comments below Thoroughly enjoyed the activity fellowship Instructor was very	R	n	d	th	te e	gro.	rest	ble	-



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Resources available in timely manner?	Yes/No	0	
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Signature	Date						
Facility Manager Comments:							
Signature	Date						
Recreation Superintendent Comments:							
Signature	 Date						
Overall Recommendation:							
Signature	Date						





Program Evaluation

1. Which class/event did you attend? ✓ Zentangle Workshop	Col	lore	ed P	enc	il Flowers	
Please read the following facility focused statements and circle the appropryour experience.	riate	nı	ımb	er tl	hat corresponds with	l
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Program Evaluation

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14. The fee for this program is reasonable.	





Program Evaluation

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Gpm on a friday is still a l me, Hard for smp to get undo But what to do?	ret 46	4	00	wasting for	olia Co





Program Evaluation

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