



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 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:** _____

Location: _____ **Instructor:** _____ **Total participants:** _____

Activity Type:

☐ Seasonal Program ☐ Event
☐ Facilitated Activity ☐ Self Directed Activity ☐ Contracted Activity
☐ Fee-based ☐ Non-Fee-based ☐ Cooperative Program Outreach

		Comments
Program held as scheduled day and time?	Yes/No	_____ _____ _____
Resources available in timely manner?	Yes/No	_____ _____ _____
Target demographic reached?	Yes/No	_____ _____ _____
Effective promotion of program/event?	Yes/No	_____ _____ _____
User fee feedback?	Yes/No	_____ _____ _____
Program/Event remained within budget	Yes/No	_____ _____ _____
Potential risks minimized?	Yes/No	_____ _____ _____

Provide a detailed explanation on whether the program was below, met, or exceeded the expectations based on the approved proposal. Provide detailed recommendations on whether the 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



New Bern Parks and Recreation Department

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.

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

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. | 1 | 2 | 3 | 4 | 5 |
| 7. I received information on program registration in a timely manner. | 1 | 2 | 3 | 4 | 5 |
| 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 | 5 |

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:

Vote by public for best was great!



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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:

4:30 seemed a little too early, 5:00 PM would be o/k

Program Evaluation

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1. 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

- | | | | | | |
|---|---|---|---|---|---|
| 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 |

Please read the following personnel focused statements and circle the appropriate number that corresponds with your experience.

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| 10. I would participate in this program again with current personnel. | 1 | 2 | 3 | 4 | 5 |

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| 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

IT WOULD LOVE TO SEE THIS BECOME A
REGULAR PROGRAM.

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| 10. I would participate in this program again with current personnel. | 1 | 2 | 3 | 4 | 5 - yes! |

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Please leave additional comments below

run it again!

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Please leave additional comments below

*This is a fun Activity. This program should be offered again.
The presenter was organized, personable & fun.
Thankyou!*

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Please leave additional comments below

Thoroughly enjoyed the activity and the group fellowship. Instructor was very personable & likeable



New Bern Park and Recreation Program Evaluation Report

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Date of Program: _____ **Program Title:** _____

Location: _____ **Instructor:** _____ **Total participants:** _____

Activity Type:

☐ Seasonal Program ☐ Event
☐ Facilitated Activity ☐ Self Directed Activity ☐ Contracted Activity
☐ Fee-based ☐ Non-Fee-based ☐ Cooperative Program Outreach

		Comments
Program held as scheduled day and time?	Yes/No	_____ _____ _____
Resources available in timely manner?	Yes/No	_____ _____ _____
Target demographic reached?	Yes/No	_____ _____ _____
Effective promotion of program/event?	Yes/No	_____ _____ _____
User fee feedback?	Yes/No	_____ _____ _____
Program/Event remained within budget	Yes/No	_____ _____ _____
Potential risks minimized?	Yes/No	_____ _____ _____

Provide a detailed explanation on whether the program was below, met, or exceeded the expectations based on the approved proposal. Provide detailed recommendations on whether the 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

Program Evaluation

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1. Which class/event did you attend?

☒ Zentangle Workshop

☐ Life-like Portraits

☐ Colored Pencil Flowers

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

- | | | | | | |
|---|---|---|---|---|---|
| 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 |

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| 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 |

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| 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

Great Job! This is the first project I've EVER Completed!

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Please leave additional comments below

6pm on a Friday is still a bit too early for me. Hard for me to get into the Friday schedule. But what to do?

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