

**River Trails Park District  
Program Evaluation**

Date \_\_\_\_\_

Dear Participant,  
Thank you for visiting our facility and participating in our program. It is our goal to provide you with the best recreation service available. Please help us to do so by telling us what you think. Thank you for your interest.

**Program name** \_\_\_\_\_

**Session:**     Winter    Spring    Summer    Fall

**Excellent**  
**Good**  
**Satisfactory**  
**Unsatisfactory**  
**Poor**

**Activity Leader or Coach name** \_\_\_\_\_

Promptness  
Enthusiastic  
Knowledge of Subject  
Friendly & Courteous

**Comments** \_\_\_\_\_  
\_\_\_\_\_

**Program**

Met Expectations  
Fun & Enjoyable  
Skill Development

**Comments** \_\_\_\_\_  
\_\_\_\_\_

**Facility or Park Name** \_\_\_\_\_

Appropriate for activity  
Cleanliness  
Well maintained

**Overall Rating**

General Comments \_\_\_\_\_  
\_\_\_\_\_

Name (*optional*) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Please drop off at the Weiss Community Center  
1500 E. Euclid Ave., Mt. Prospect, IL 60056