



Community Class Program Participant Evaluation Form

Name of Program: _____ Date: _____

Instructor: _____ Facility: _____

How would you rate the program that was just completed? : _____

(Using a 1 thru 5 scale 5 being excellent and 1 being poor)

How long have you been in this program? : _____

Would you recommend this class to others? Yes No

If you answered No, Please state why and how we could improve: _____

Was the cost of the program considered reasonable? Yes No

What was the best part of the program? : _____

What one thing would you suggest could improve the program? _____

Additional Comments: _____

By checking this box, I acknowledge that I have answered all questions truthfully and to the best of my ability.

Name of Participant: _____ (Print Name)

"Provide safe, satisfying and cost-effective recreational opportunities for the residents of and visitors to Maui County"